RESPONSE TO INTERVENTION-IDAHO:
CONNECTING THE PIECES

GUIDANCE FOR IDAHO SCHOOLS AND DISTRICTS

JUNE 2009

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SUPERINTENDENT TOM LUNA

JUNE 2009

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SECTION I: Introduction

Response to Intervention (RTI) is a framework for continuous improvement that provides high-quality, standard-based instruction and research-based systematic interventions for all student needs -- academic, social-emotional, and behavioral -- using learning rate over time and level of performance to make important educational decisions. From the student struggling to meet minimum proficiency to the gifted student struggling to reach potential, a partnership between students, teachers, parents, and community should be a priority.

History of RTI

RTI has been a part of Idaho schools since 1999. In 1997, the Special Education Bureau sent staff to Iowa to explore the RTI model in support of long-range planning for systemic change. With the support of a five-year State Improvement Grant (1999-2004) from the U.S. Department of Education, Idaho began the Results-Based Model (RBM), which followed the IDEAL problem-solving process and featured data-driven decision making in order to produce better outcomes for all students. The Idaho State Department of Education developed the initial RBM training manual and then offered training and technical assistance to pilot sites. The state emphasized identifying student needs through a problem-solving approach, avoiding over-identification for special education services, and providing appropriate instructional interventions within general education. Additional training was also provided on curriculum-based assessments and research-based instructional strategies in reading, written expression, and math. Between 2002 and 2007, many of the principles of RBM (frequent progress monitoring, data-based decision making, tiered levels of support) became infused into other state programs such as Reading First and School Improvement. By 2004, the emphasis nationally had shifted from special education to using RTI as a framework for improvement. As of 2008, 231 schools in Idaho (approximately one-third) were using an RTI Model.

Idaho has many exemplary RTI sites; in fact, during the 2004-2005 school year, Dalton Elementary School from the Coeur d'Alene District and Acequia Elementary School from the Minidoka County District received national recognition from the National Research Center for Learning Disabilities for their successful RBM/RTI programs.

The flexibility of the model allows schools to customize their implementation of RTI. As more schools use the RTI model and research on RTI continues, best practices have emerged. Data collection indicates that the most successful sites use common RTI components in a systemic way.

Purpose of Guidance Document

The goal of *Response to Intervention -- Idaho: Connecting the Pieces* is to provide current information about RTI. The SDE has conducted a literature review for each topic. The information presented here is based on the most recent research. Section II explains essential components of RTI and further defines the framework. Section III outlines a process for implementing an RTI model

and shows how it becomes vital in a school setting. While some view RTI as a separate activity, the RTI process is interwoven with components that are in place at nearly every school. It is the part of school improvement and reform that addresses instruction by closely analyzing the extent to which students are learning what teachers are intending to teach. It is the skeleton that gives strength to other systems and elements of the education process and ensures that every student's needs are being met in a timely, equitable, and systematic way. This guidance document is an overview of RTI. Each local school district or public charter school has the responsibility to provide the necessary staff development for successful implementation of the model. In the process of implementing RTI, greater connections to existing programs will become evident.

Philosophy

The philosophy and principles of RTI are based on the belief that all children can learn in a nurturing environment with high expectations for achievement and effective teaching practices. The environment needs highly qualified professionals to provide specific teaching and modeling of academic skills and behavior that is conducive to learning and social success. In addition, acknowledgment, using positive feedback and recognition of academic success, sets the expectation for appropriate behavior which is conducive to learning. It is also essential for the learning environment to include families in a culturally sensitive way that focuses on solutions and fosters a climate for learning.

Patterned on the public health prevention model, the RTI framework seeks to identify those students who are at risk. Through screening, we look at those elements that are indicators of future difficulty. For example, taking blood pressure measures is an example of screening that could indicate a serious problem, such as heart disease. Beginning an intervention early, before large learning gaps occur, is an 'inoculation' of sorts to reduce the likelihood for future problems. This is very similar to instructing patients to eat better, exercise, and even take medication to address problems with blood pressure. Those patients who do not respond to preventative measures and who have serious illness in light of prevention efforts receive more intensive treatment with specialists and are closely monitored. Similarly there will be students who do not respond to targeted interventions and will need more intensive instruction.

> We can't solve problems using the same kind of thinking we used when we created them.
>
> *— Albert Einstein*

Nine Characteristics of High Performing Schools

Becoming a high-performing school takes years of sustained commitment. There is no silver bullet or one single practice a school can follow to ensure high student performance. Researchers have found that high-performing schools have a number of characteristics in common (Edmonds, 1979; Lezotte, 1991). The professional research literature has identified various characteristics of

improving and effective schools. Educational reformers and theorists have developed programs and processes for assisting school practitioners in creating and maintaining those conditions to help increase student learning. Most studies found five or more characteristics; some found as many as eight or nine. Studies often focused on elementary schools; however, the characteristics apply equally to secondary schools.

In 2002, school improvement specialists from the Office of Superintendent of Public Instruction (OSPI) in Washington state found more than 20 studies to determine if there were similarities among schools that, against the odds, have shown sustained progress in educating children. The studies focused on schools with students who achieved at higher levels than their demographic characteristics would predict. From the studies, OSPI researchers identified nine characteristics that were found most often in high-performing schools.

1. A clear and shared focus.
2. High standards and expectations for all.
3. Effective school leadership.
4. High levels of collaboration and communication.
5. Curriculum, instruction, and assessments that align with state standards.
6. Frequent monitoring of learning and teaching.
7. Focused professional development.
8. A supportive learning environment.
9. High levels of family and community involvement.

These characteristics reflect the premise of RTI implementation. The "Nine Characteristics" research is the focus for the system of support provided by the Idaho State Department of Education and the basis for professional development and school improvement efforts. In 2006, OSPI published its second edition of the *Nine Characteristics of High Performing Schools*, which includes more research on high-performing schools and student learning improvement. These concepts are mentioned here to show the consistency with characteristics that are incorporated in the RTI model.

A. Effective processes for improving schools.
B. Expanded perspectives on effective leadership.
C. Relational trust (i.e., trusting relationships among persons in an organization).
D. Quality instruction, grading practices, and monitoring.
E. Professional learning communities.
F. Cultural competence and culturally responsive teaching.
G. Family and community engagement in schools.
H. High school improvement.
I. District improvement.
J. Need-based allocation of resources (funding, staffing, and support).

RTI Research

In the last few years there has been considerable effort to study and document RTI efforts. The body of literature has continued to increase as RTI programs have become more prevalent throughout the country. Early research focused on three areas: 1) prediction and prevention of reading failure, 2) determination of learning disabilities and the reliability and validity of an IQ achievement

discrepancy definition, and 3) intervention models which aligned school resources with specific purposes. One early empirical study looked at early intervention as a way to distinguish between cognitive and experiential deficits as basic causes of specific reading disability, finding that commonly used tests of intelligence, as well as those assessing reading achievement and phonological abilities, did little to predict which students were actually "disabled." A large percentage of those students receiving daily one-on-one tutoring scored average or above average after one semester. Findings suggested reason for optimism "about the possibility that children at risk for reading difficulties can be identified and treated even before they are exposed to formal instruction in reading." (Vellutino, F.R., Scanlon, D.M., Sipay, E.R., Small, S.G., Pratt, A., Chen R., & Denckla, M.B., 1996)

In August 2007, the National Association of State Directors of Special Education published *Response to Intervention: Research for Practice*. This publication is comprised of research studies on components of RTI such as formative assessment, quality core curriculum and effective instructional practices, early identification of academic risk factors, over-identification for special education, and disproportional identification of minority populations for special education services. Each paper has a section titled "Implications for Practice." This comprehensive resource is meant to add to the knowledge base about RTI, and educators should find it useful in designing their programs. Download it for free at *http://www.nasdse.org/Portals/0/NationalImplementationofRTI-ResearchSummary.pdf*.

Charles Hughes, Ph.D., and Douglas D. Dexter, M.Ed., Penn State University, have published *Response to Intervention: A Research Review*, which can be found on the RTI Action Network. The purpose of the "Research Support for Response to Intervention" section is to present a summary of the nature and extent of published research conducted on RTI to assist the reader in making informed judgments about the evidence base for RTI. To that end, the authors identified studies examining the efficacy of RTI programs as well as research focusing on typical components used in the RTI process.

> "The current national trend in today's schools is to meet the needs of struggling and at-risk learners through the implementation of multi-tiered response to intervention models. ..... Statewide training efforts are underway in 90% of the states, primarily emphasizing an overview of RTI, progress monitoring, and the use of data-driven decision-making. "
>
> *— Hughes and Dexter*

For additional research support for RTI, readers can find Abstracts and Information: Empirical Articles on Response to Intervention at the RTI Action Network, *http://www.rtinetwork.org*.

Benefits of Implementing the RTI model

School leaders will see many benefits after implementing the RTI model. RTI is a school-wide best practice because it delivers timely, equitable, directive, targeted service to address the needs of ALL students. In addition, the following benefits are widely recognized:

- By providing systematic and directed decision making and tiered levels of instructional intensity, RTI lends itself to a more coordinated continuum of service between general education and special education, Title 1, Gifted and ESL services as opposed to separate columns and a choice between one or the other.
- RTI, when used with fidelity, addresses students' needs early without waiting for a large performance-achievement gap to occur before services are delivered.
- While achieving Adequate Yearly Progress under the No Child Left Behind Act of 2001 (NCLB), schools can also avoid over-identification under the Individuals with Disabilities Education Act (IDEA) and use resources from both in a complementary way.
- Finally, RTI stresses collaboration and communication among administration and staff and promotes shared responsibility of every student.

> Coming together is a beginning; keeping together is progress; working together is success.
>
> *— Henry Ford*

SECTION II: Essential Components in the Idaho RTI Framework

The Idaho State Department of Education recognizes five areas that have components essential to RTI implementation:

1. Leadership
2. Teams and Processes
3. Assessment
4. Curriculum and Instruction
5. Parent and Community Engagement

Leadership

Critical to the fidelity of an RTI implementation is instructional leadership at the district and building levels. RTI presents a significant opportunity for the entire educational system to understand and support student learning for all through research-based programs, instruction, assessments, and professional development to maximize the potential in these areas and provide a continuous system in all grades.

When district administration and building leaders agree on the reasons a change needs to occur, they must work closely with building leadership teams, including teacher leaders, to ensure a cohesive and consistent implementation of the RTI model. The clarity of a written plan outlining RTI implementation is essential as a roadmap to consistency. Starting small is highly recommended. For example, emphasizing reading district-wide will bring focus to a specific content area of need and allow the staff to become familiar with essential components and the process of implementation. From there, RTI can be extended to other core areas. The district team will likely have already established academic targets for the district as a whole, schools, and specific sub-groups of students. RTI becomes interwoven with the school improvement/continuous improvement process as the vehicle to monitor the attainment of achievement goals and modify instruction if students are not improving. Staff need to have systems, technology, and training to collect, report, and analyze data to allow them to make reliable decisions regarding instructional programs and thus inform the focus of resources.

Only a building administrator skilled as an instructional leader, as opposed to a school manager, is able to establish and maintain an RTI system. The building administrator is able to make decisions to allocate the resources of staff, time, and materials to support the RTI process. The administrator provides clear direction for assessment strategies, including determination for universal screening tools, processes, and timelines. In addition to participating on the RTI team, the administrator will keep a focus on instructional improvement and student learning outcomes at all times. The administrator will regularly monitor curriculum and instruction and provide the leadership for a Three-Tier model for focused academic and discipline/student management processes. The

administrator will systematically assess RTI fidelity and prepare a summary report of findings and recommendations that will drive improvements in the system.

Administrators at district and building levels must prioritize the allocation of resources needed to support the effort and offer staff development on both the philosophy and implementation of RTI. On-going professional development will help promote consistency among schools and is imperative for fidelity of the implementation. Training needs to be incorporated into the school day and be appropriate for all teachers as well as support staff. A strong administrator participates in professional development related to RTI with the staff and has a written plan to train new faculty as they join the building staff. The administrator recognizes his/her need for knowledge and confidence to heighten the productivity of the staff members, and should be able to accurately evaluate the effectiveness of the building implementation. The administrator should be the first to assist in developing the roles and expectations of those involved at both the district and building levels. The ability to take RTI from a conceptual level to actual practice will determine the extent to which it is successful and sustainable. Just as important to providing the leadership for a successful RTI implementation is the recognition and celebration of success when goals are attained and achievement targets realized. Seeing early benefits of RTI fuels enthusiasm for continued improvement

Teams and Processes

A student who is highly supported by a team of teachers collaborating routinely for his/her learning success is far more likely to succeed. Therefore, the area of collaboration and communication is one of the five components essential to successful RTI implementation. Within the context of collaboration among school practitioners, the following definition from Little (1981) is particularly appropriate:

> "Collegiality is the presence of four specific behaviors, as follows: Adults in schools talk about practice. These conversations about teaching and learning are frequent, continuous, concrete and precise. Adults in school observe each other engaged in the practice of teaching and administration. These observations become the practice to reflect on and talk about. Adults engage together in work on curriculum by planning, designing, researching and evaluating curriculum. Finally, adults in schools teach each other what they know about teaching, learning and leading. Craft knowledge is revealed, articulated and shared" (in Barth, 1990, p. 31).

Researchers call schools that continuously work together to seek and share learning and to act on their learning "communities of continuous inquiry and improvement," communities of practice, or professional learning communities. Professional learning communities are built on and promote effective collaboration and communication.

Professional Learning Communities (PLC) are widely used in Idaho as a model for structuring the collaborative process. At the heart of a PLC "is a focus on and commitment to the learning of each student. A PLC is comprised of collaborative teams whose members work interdependently to achieve common goals linked to the purpose of learning for all." (Dufour, Dufour, Many, Eaker, 2006). Members of a PLC work together to examine the current reality of their practices and the best ways to improve teaching and learning to meet goals of achievement levels of their students. The PLC members are committed to action and putting into practice what they learn through planning, reading, discussing, and listening. Commitment to continuous improvement drives the collaborative teaming process which has a basis on results rather than good intentions.

The outcome of collaboration must guide the decision-making process which leads to the development of instructional and intervention strategies with a high probability of success. When core concepts of RTI are understood and systematically applied within the context of the entire district and school, it is more realistic to reach this goal. Successful implementation requires focused leadership and collaborative practices among general education, special education, Title I, ELL, Migrant and Gifted programs. By having common goals, combining resources, sharing knowledge and determining the most effective use of staff and other resources, an RTI implementation becomes a seamless school-wide model.

> "People who collaborate learn from each other and create synergy. That is why learning organizations are made up of teams that share a common purpose. Organizations need togetherness to get things done and to encourage the exploration essential to improvement."
>
> *— Handy (1995, p. 47)*

Types of Collaborative Teams

Several types of teams are found at schools that have direct involvement with the RTI process. Regardless of the names of the teams, it is their function and membership that makes them unique. In small schools, the teams might be combined or have shared membership. Since RTI is a dynamic process in which procedures change, the members of a team may also change. Decisions about how teams are configured should be made at the local level based on the needs of the school and students in the school. However, each team should meet regularly and for a sufficient amount of time to conduct the business of the team. In addition to a written schedule of meeting times and locations, agendas and minutes should be used and maintained in a file by a person and place designated by the team. Core members must consistently attend meetings and avoid interruptions. The following is a list and brief description of the different types of teams that may exist in a building:

Leadership Team

The leadership team has a global view of the district goals and how those are reflected in the school goals and classroom needs. They make school-wide

decisions and create consistency with regard to curriculum, assessment, testing administration, and needed staff development. This team establishes the collaborative culture and models trust and positive response to change.

Grade-Level Team

Teachers meeting within their grade level to collaborate will provide consistency and unity in delivering instruction with fidelity and a clear focus of the standards being addressed. These teams should identify areas of need across their classes based on ongoing data and set goals before they plan for the design and monitoring of interventions. As a horizontal team, they will have focused discussion on best practices and data interpretation that affects the students at their grade level as well as a clear understanding of how grade-level results contribute to the school goals and actions.

Content-Area Team

Much the same as a grade-level team, these members support each other in regards to the subject matter they teach. These teams are most often in place at middle and high school levels. It is important they include special educators and counselors who may have in-depth knowledge of student issues. Teachers within subject areas mentor new teachers and guide them in connecting curriculum content with state standards.

RTI Team

This team may have members who also have a role in other school collaborative teams. Its membership is varied and broad, including a core membership of teachers and professional staff with roles and expertise to provide critical input to the process. The focus of this team is the daily work of student achievement and outcomes, rather than special education eligibility. They monitor the process of tiered interventions and review data to make collaborative decisions. They have assigned roles that may vary throughout the year. Team meetings should include additional participants who have pertinent information about the topic, small group need, or individual student being discussed. This team could include a parent, speech and language pathologist, gifted education teacher, ELL teacher, or Title I teacher. The team maintains an atmosphere in which a grade-level team or referring teacher feels welcomed and supported.

The RTI team will inventory school-wide resources and create a resource map that can be used in designing and deciding on interventions. In addition, this team will have a resource map of community resources and those available from the Idaho State Department of Education office and other sources, including those available for consultation, advice and support. These resource maps should be reviewed on a regular basis and kept up to date.

Multidisciplinary Team

Often called the Special Education or Individualized Education Plan (IEP) Team, this group may have members involved in other teams as well. The team's primary focus is to deliver services and/or track progress of those students who have already been determined as eligible for special education. They are responsible for communicating IEP goals to general education teachers who might serve these students and use data to show that IEP goals are being met. They closely adhere to federal guidelines and conduct timely annual reviews,

quarterly progress reports and three-year re-evaluations for continued eligibility. Members of this team will review any new referrals to be sure enough data is presented to warrant an evaluation and work closely with parents and involved outside providers in this process.

Table: Examples of School Collaborative Teams

	Suggested Membership	**Responsibilities**
Leadership Team	Principal Grade Level Team Leader Specialist Leader Reading/Instructional Coach	Determine staff development needs and resources Decide on appropriate instructional and testing materials Check fidelity and monitor best practice implementation Review school/grade data Define three-tier development and implementation
Grade Level Team	Grade Level Teachers * Reading /Instructional Coach * Specialist reps (SLP, ELL, Title, Special Ed, Migrant, Gifted) as necessary Instructional Aides Principal	Plan lessons Collect and analyze data Share resources and instructional methodologies Discuss how to differentiate instruction Define three-tier development and implementation in the grade Implement a decision-making process
Content Area Team	Subject area teachers * i.e., Math, Reading, Science Instructional coach * Special Educator * Counselor * Administrator	Ensure consistency of effective instructional practices and curriculum fidelity of implementation Share resources and instructional methodologies Provide assistance/support to other teachers
RTI Team	Principal * Reading/Instructional Coach * Grade level representative (s) * Specialists reps * (SLP, ELL, Title, Special Ed, Migrant, Gifted) Counselor * School Psychologist * Parent	Analyze student data Develop standard intervention protocols Conduct individual student problem solving Address fidelity Provide coaching, resource materials, mentoring to staff Assign and monitor team roles and responsibilities Interact with parents and community resources Train new teachers in the RTI process
Multidisciplinary Team	Principal * School Psychologist * Special Education Teacher (s) * Speech-Language Pathologist * Grade Level/Content Teacher * Parent * Occupational /Physical Therapist	Review and consider requests for special education evaluation Develop Individual Education Plans (IEPs) Re-evaluate student eligibility for special education Ensure fidelity to federal guidelines and documentation Interact with community resources

* Required members

The Decision-Making Process

The school must establish a process for examining screening data, analyzing causes for non-response to Tier 1 instruction, developing interventions to increase student achievement, and making sure students are responding to those interventions. The process of decision making is the same regardless of examining groups of students or an individual student. More efficient use of time and resources is found when the process is utilized to benefit groups of children. The RTI team members will have various roles in this process. Documentation must occur at each step. It is a continuous cycle of looking at data and modifying and adjusting for student needs at all tiers as students show improvement or non-response to intervention. This collaborative learning cycle results in curriculum decisions, scheduling of instruction, student grouping, and allocation of resources. Five steps in the process have been identified, which will be further explained in the "Putting RTI into Practice" Section. The steps are as follows:

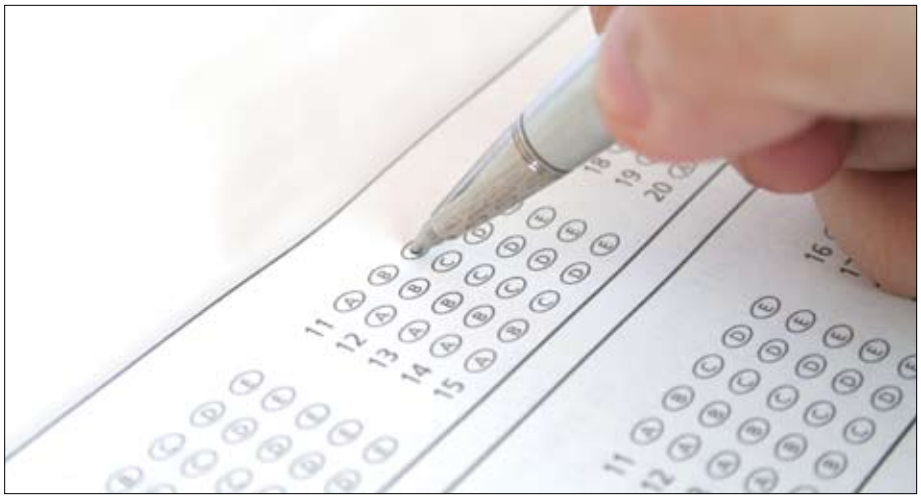
- Identify and define needs
- Analyze for causes
- Develop a plan
- Implement and monitor the plan
- Evaluate and adjust the plan

Assessment

Student data is crucial in order to:

- Make accurate decisions about the effectiveness of general and remedial education instruction and interventions;
- Undertake early identification/intervention with academic and behavioral problems;
- Prevent unnecessary and excessive identification of students with disabilities;
- Make decisions about eligibility for special programs, including special education services
- Determine individual education programs and deliver and evaluate special education services.

(NASDE Blueprints for Schools, 2008)



Using Data to Drive Decisions

Successful organizations do not just collect data, they revere it. They aren't satisfied with data until data have life and meaning for every teacher, every pertinent party. They use data to create and to ensure an objective, commonly held reality...The use of data allows for organized, simplified discussions that merge to create focused priorities and productive action.

(Schmoker, 2001)

Schools need to maintain a current inventory of selected screening measures, diagnostic assessments, progress monitoring assessments and tools, and outcome assessments. To effectively use data to drive decisions, teams must have written rules regarding what data will be collected, how often they will progress monitor at different tiers, what instruments and materials will be used, and who will collect the data.

Data from a variety of sources may need to be considered, such as academic, medical, developmental, vision/hearing, familial/cultural, anecdotal, and behavioral. Data collection skills need to be explicitly taught to teachers and other staff through staff development. It is critical that each site has clear procedures for adjusting or changing interventions based on student response data. Ted Christ at the University of Minnesota (Christ, 2006) found that eight weeks of data are needed, assuming the data are collected twice a week using appropriate standardization, in order for the rates of growth to be reliable enough for decisions. If you are collecting data less frequently, more weeks are needed. Certainly within eight weeks, one could conclude that the intervention is working or that a different intervention should be tried within Tier II, but teams would not make a resource decision (e.g., try a Tier III intervention) until enough data are collected for a reliable decision.

Screening Assessments

A written, universal screening system plan must be in place and used to assess academic and behavioral strengths and needs of all students.

Screening assessments can be given to all students in the fall, winter, and spring. The purpose of the screening is to identify students who might be at risk for academic failure. There are two types of screening assessments: program-specific tests and Curriculum Based Measurements (CBM) (Carnine, Silbert, Kame'enui, Tarver, & Jungjohan, 2006). Depending on the reading program, program-specific tests tell teachers whether students have mastered the necessary skills to move on in the curriculum or whether they need more instruction in a particular area. Program-specific assessments are created by the publisher and are based on the curricular materials. While very helpful to teachers for planning purposes, they are not standardized.

CBMs are not linked to particular commercial reading programs but focus on the skills associated with reading success at that grade level. CBMs can be used as both screening and progress monitoring tools (Carnine, Silbert, Kame'enui, Tarver, & Jungjohan, 2006). A reading CBM is a measure that is tied to the

developmental stage of reading. In other words, the skills measured in a first grade CBM would differ significantly from the skills measured in a third grade CBM. CBMs are usually short in duration (often less than a minute) to facilitate frequent administration. A CBM allows for repeated measure of student performance and is designed to be sensitive to student achievement change over time. (Hall, Mengel, Curriculum Based Measures, retrieved December 2007 from *http://www.cast.org/publications/ncac/ncac_curriculumbe.html*.

The school's RTI team will meet to examine the building-wide data after each screening to consider the core effectiveness and instructional groups.

Diagnostic Assessments

If the administration of a CBM categorizes a student as "at-risk," further assessments need to be administered to identify the specific area of weakness. Many diagnostic tests are available, so each local school will need to choose the diagnostic assessment it will use. Common diagnostic assessments in Idaho are the Woodcock-Johnson (Woodcock, 1997) Test of Word Reading Efficiency (TOWRE, Pro-Ed), Gray Oral Reading Test (Weiderhold, Bryant, 2003) and the Consortium of Reading Excellence's Phonics Survey (2008). Administering a diagnostic assessment is critical for struggling students. The earlier an issue is detected the greater, the likelihood of successful remediation. Torgesen's (2004) article *Catch Them Before They Fall* compares the outcomes of students with early intervention versus outcomes of students who are identified as having reading issues in third grade or beyond. According to Torgesen, the earlier students are identified as needing intervention, the greater the likelihood they will be proficient readers. Connie Juel (1988) concluded from her longitudinal research of struggling readers that for students who do not read on grade level when exiting third grade, the chances of them ever reading on grade level is 1 in 8.

Progress Monitoring

Like screening assessments, there are two kinds of progress monitoring: in-program progress monitoring assessments and CBM progress monitoring. An in-program assessment is a criterion-referenced assessment that measures a student's knowledge against defined criteria. Did the student acquire the knowledge from instruction? In-program assessments are helpful to teachers because they can determine whether a particular student needs more instruction in an area or whether several students need additional intervention. For administrators, results of in-program assessments allow them to determine 1) whether the teacher is adequately covering the material, and 2) whether a particular class may need to have more resources to be able to keep up with their grade-level peers.

A CBM progress monitoring tool assesses the student's growth toward the expected norm and is not based on a commercial reading program. According to the National Center on Student Progress monitoring (National Center on Student Progress Monitoring, What is Progress Monitoring? Retrieved December 2007, *www.studentprogress.org*), "Progress monitoring is a scientifically based practice that is used to assess students' academic performance and evaluate the

effectiveness of instruction." Measuring progress for students performing below grade level often presents a challenge to teachers. Teachers want to measure growth, but grade level or in-program assessments are too advanced and way above the student's current instructional level. A CBM administered frequently can help teachers determine if the intervention they are providing is making a difference. To implement progress monitoring, the student's current levels of performance are determined and benchmarked. Goals are identified for learning that will take place over time. Progress is monitored with increasing frequency as students receive additional tiered interventions.

One caution when implementing progress monitoring on a school level is that teachers need to understand the purpose. The purpose of progress monitoring is not to gather more data, but to gather data to make instructional decisions. Used appropriately, progress monitoring can be a very powerful tool in separating struggling readers from students with reading disabilities.

Outcome-Based Assessments

The school staff needs to understand what data to collect, how to use data collection tools, how often to look at the data, and the purpose for which it is being collected. Outcome-Based Assessments provide summative data rather than information on specific areas of competency. They are not always good indicators of what students can do and how well they can do it because these assessments take a snapshot of broad abilities at one moment in time. Outcomes assessed are explicit educational targets and are related closely to grade-level content standards. An outcome-based performance assessment looks at what students can actually do after they are taught. The Idaho Standard Achievement Test (ISAT), the Iowa Test of Basic Skills (ITBS), and the Direct Math and Writing Assessments (DMA, DWA) are examples of Outcome-Based Assessments.

> "Repeated and monitored oral reading improves reading fluency and overall reading achievement."
>
> *Put Reading First, p. 24*

School staff need to receive ongoing professional development on all aspects of assessment and assessment procedures. It is important they understand not only testing procedures but have a clear understanding of why various types of assessments are integral to instructional decision-making.

Comprehensive Assessment Plan

Assessment	Time Frame	Students Assessed	Main Purposes
Screening	Beginning of School Year	All Students	• Determine risk status • Determine instructional groups • Helps teachers differentiate instruction based upon identified instructional needs.
Diagnostic	As Needed	Selected Students (when more information is needed for program planning)	• Helps plan instruction. • Helps teachers differentiate instruction based upon identified instructional needs.
Progress Monitoring	Determined by Risk Status	All Students	• Determine if students are making adequate progress with current instruction. • Inform schoolwide action plans.
Outcome	End of School Year	All Students	• Gives school leaders and teachers feedback about the overall effectiveness of their reading program. • Inform schoolwide action plans.

Curriculum and Instruction

The instructional model used in the Response to Intervention framework is the 3 Tier Model. With application to the core areas of instruction as well as behavior, the 3 Tier Model supports increasing intensity of instruction based on student need. The parameters of each level need to be clearly defined at each district and school and may look different depending on resources, demographics and needs. An official document that clearly defines the curriculum and instruction for each of the three tiers in reading, mathematics, written language and social behavior should be maintained by the administration.

3 Tier Model of Instruction

The 3 Tier Model created by Vaughn, Linan-Thompson, and Elbaum was sponsored by the U.S. Office of Special Education Programs (OSEP) and was designed to prevent reading disabilities by providing early intervention. Literature on the impact and implementation of the 3 Tier Model appears frequently in both special education and literacy journals (Denton, Vaughn, 2003; Hjelm, Wanzek, Vaughn, in press; Vaughn-Gross Center, 2005, Vaughn & Fuchs, 2003).

The 3 Tier Model builds a strong instructional base to meet the needs of all students. It is a model intended to address academic needs in core subject areas by intervening early to provide students who are struggling with the support they need to reach their potential. Research and practice in the area of response to intervention shows that many of the same principles explained here will undoubtedly be applied to other content areas and at all grade levels.

The value and strength of the 3 Tier Model lies in the provision of more targeted, intense and explicit instruction as a student moves through the tiers. Differences between tiers are characterized by the amount of time for instruction, group size, frequency of progress monitoring, and duration of instruction. Interventions may also include motivational components. It is important to determine if lack of achievement is due to a skill or performance deficit. This is especially useful when looking at behavior issues. Use of research-based instructional practices at each tier is critical, as is fidelity in use of programs and delivery requirements. Tiers two and three may not involve other curriculum, but instead use the core curriculum with increased intensity and variations on group size. For some interventions, additional curriculum resources may be necessary. For the student who is at or above grade level, the tiers will require increased opportunities for analysis and synthesis, and differentiation of instruction based on the potential of the student. Maintaining achievement levels and setting advanced goals are part of the RTI team plan, as are bringing struggling students to benchmark.

The 3 Tier Model applies to academic and behavior skills

Tier 1 : Tier 1 is designed to serve all students in the school with well-supported general education instructional programs. Instruction at Tier 1 is intended to be proactive and preventative. In Tier 1, general education teachers use scientifically research-based curriculum in reading, writing, math and social skills that reflects the Idaho Content Standards. Continuous monitoring of fidelity of implementation will insure accurate and consistent instructional delivery. All students are screened at least three times per year in each core area. *Borderline students should be monitored more often even though they may not receive a Tier 2 intervention at this time.*

Tier 2 : This level of instruction includes general education instruction with additional intervention. It is conducted by trained and supervised personnel and can be provided in or outside of the regular classroom. The process of providing a route to intervention is systematic, urgent, timely, directive, equitable, and targeted on specific goals. Group size, frequency of intervention, and duration are dependent on the individual needs of the students.

Tier 3 : Intervention at this level is often delivered with individual student goals in mind. It targets students who have not responded to Tier 2 interventions. Interventions are conducted by trained specialists. Tier 3 is characterized by

intensified instruction, decreasing group size, and increasing sessions as well as minutes. Special attention is paid to the rate of learning that is taking place and a sustained lack of adequate progress. Students may be considered for specialized services, such as remediation programs, Special Education, or those for accelerated learners.

Additional components to consider at Tiers 2 and 3:

1. Point system for motivation
2. Immediate corrective feedback
3. Mastery of content before moving on
4. More time on difficult activities
5. More opportunities to respond
6. Fewer transitions
7. Goal-setting and self-monitoring
8. Special relationship with the instructor

A Tiered Service Delivery Model includes well-designed instructional programs that incorporate explicit instruction at any tier.

Features of well-designed instructional programs include:

- **Explicit instructional strategies**
- Coordinated instructional sequences
- Ample practice opportunities
- Aligned student materials

Components of Explicit Instruction:

- The teacher models and explains
- The teacher provides guided practice
- Students practice what the teacher modeled and the teacher provides prompts and feedback
- Teacher provides supported application
- Students apply the skill as the teacher scaffolds instruction
- Independent Practice

For more on Instructional design:
Florida Center for Reading Research

Interventions

A rigorous RTI implementation rules out inadequate instruction as a basis for the student's achievement difficulties. If Tier 1 and Tier 2 instruction is effective, fewer students will need individual attention. Those who do not respond to interventions are students who will need to be followed closely to determine if they are eligible for specialized services.

Approaches For Structuring Interventions

RTI models use two approaches to structure interventions: standard treatment protocol and individual problem solving. Some schools use both approaches

in combination, while others use them along a continuum of intensity. It is important to understand whether the identified deficit exists for a large group of students, a small group of students, or only one student, because this knowledge will lead to different types of interventions. For large group problems, changes in overall curriculum and instruction may be necessary, and the investigation is conducted on a large scale. If an issue presents for only one or a few students, an individual approach can take place.

Standard Treatment Protocol – Standard treatment protocols are interventions that researchers have validated as effective, meaning that experimental applications were completed with the proper experimental and control groups to demonstrate that the interventions work. School staff is expected to implement specific research-based interventions to address the students' difficulties, and district or school RTI teams do the work of deciding which interventions will meet student needs and align best with core curriculum. These interventions are not accommodations to existing curriculum, rather they are instructional programs targeted to remediate a specific skill. Research for standard treatment protocol interventions should specify the conditions under which the intervention has proven successful, including the number of minutes per day, the number of days per week, and the number of weeks (typically 8-12) required for instruction with the intervention. Information about each research-based intervention should also describe the specific skills addressed, where the instruction should be provided, who should provide the instruction, and the materials used for instruction and assessing progress (adapted from Fuchs et al.k 2003). Standard Treatment protocols are typically conducted with a small group of targeted students and supplement the general instructional curriculum and have a high probability of producing change. Furthermore, progress monitoring occurs at designated times to determine the effectiveness of the intervention as well as any changes in grouping or curriculum that may be needed.

Examples of a standardized protocol in reading, for example, include the use of explicit instruction to support students with decoding skills, the use of strategy instruction to support students with comprehension challenges, or the use of fluency development to encourage more fluent reading of text. When selecting specific interventions, school staff must ensure that standard protocol interventions specify the conditions under which the intervention has proven successful.

Individual Problem Solving -- Sometimes a student will show complexities beyond the realm of standard Tier 2 interventions. They may have multiple needs coupled with a level of intensity that requires deeper investigation of their history. In this case, gathering additional data for the team to review is essential to deciding on a plan of action. Under an RTI service-delivery model the team would adopt a problem-solving approach that is based on data and a continuing system of evaluation. Problems need to be objectively defined, observed and measured directly in the general education classroom. The data collected is analyzed using information to help develop a hypotheses about the cause of the problems and the appropriate selection of evidence-based strategies to remedy them. The student's progress is

monitored at regular points in time as the intervention is implemented and implementation integrity is uniquely assessed. The team will discuss outcome data and make a determination about continuing or revising the intervention or considering further evaluation.

Whereas problem solving has been shown to be a scientifically validated approach to help children with behavioral problems, the evidence is insufficient to show effectiveness for children with severe reading or math problems. (National Research Center on Learning Disabilities, August 2006)

The goal of both approaches is to provide more intense instruction to students who show indicators of risk and are not responding to their current level of instruction. Either type of protocol could also be used with students who already show mastery and need extensions to the core curriculum.

Comparison of Two Approaches

	Standard Treatment Protocol	**Individual Problem Solving**
Universal Screening	Class-wide assessment for all students to determine who is at risk and who is above benchmark	
Tier 1	All students receive high-quality instruction using approved research-based curriculum that aligns with the Idaho Achievement Standards. Students who indicated borderline risk are progress monitored monthly. Students indicating moderate or high risk are monitored weekly.	
Tier 2	Students who do not show adequate progress in Tier 1 receive additional support. 1. The RTI team assists the teacher in making instructional decisions following a standard protocol. 2. Students with similar needs receive a research-validated intervention. 3. The treatment is delivered in a pre-determined format that may address multiple skill sets. Allows for greater fidelity and is easier to monitor.	Students who do not show adequate progress in Tier 1 receive additional support. 1. The RTI or Student Assistance Team makes instructional decisions based on an individual student's performance. The team identifies the academic or behavior problem, determines a cause, develops, implements and evaluates a plan of action to address the problem. 2. Students are presented with a variety of interventions based on their unique needs and performance data. 3. Interventions are flexible and individualized to meet the unique needs of the student.
Tier 3	Students whose progress is still insufficient in Tier 2 may receive even more intensive intervention. Some students may qualify for special education services using data showing a low rate of progress and large gaps between where they are performing and where they are expected to perform. A comprehensive evaluation for the identification of a learning disability may be warranted.	

(From The IRIS Center Dialogue Guides)

The school RTI team should work with grade-level team teachers to map out what interventions are in place at each grade level and which circumstances would warrant students needing those interventions.

Research-Based Methodologies

A report on Comprehensive Core Reading Programs, Supplemental Intervention Reading Programs, or Comprehensive Reading Programs, can be accessed at the Florida Center for Reading Research Web site: See *Resources* in this document. (*www.fcrr.or/FCRRReports*).

Academic and Social Behavior

Just as we have core curriculum in place that meets the needs of most students, schools will have a general plan or program in place with a defined set of social expectations and behavioral guidelines, i.e the "school rules." Students who are identified as at risk are given additional supports and may participate in other activities that teach and monitor behavioral expectations with greater intensity. Factors such as the number of office referrals, attendance and specific incidents that are outside the realm of being handled by the teacher are considered. Again, the school should have clear descriptors of what constitutes prevention and intervention for these students requiring more support. Creating a screening measure for social behavior that would indicate risk factors is essential. The components in School Positive Behavior Support are discussed more fully in section IV.

Parent and Community Engagement

An effective educational partnership that includes parents, families, students, and community members is necessary to increase success of students and schools. True collaboration must include parents and families in the educational experience. Parents have information and expertise with regard to their children beyond what schools will know. They are able to share history and significant events that have occurred in the life of the child or family. Parent involvement in a tiered service delivery model or RTI process is characterized by meaningful two-way communication. Schools must empower parents and families as equal partners in support of their children's learning, informing them of intervention options for their children before they are implemented. Because it may be a new experience for parents or guardians to be involved in intervention development and monitoring of progress, special care must be taken to inform them about the steps in the process to ensure engagement. Understanding and respect

for cultural differences is vital when attempting to engage families and foster community support and should be taken into account in intervention plans. Schools need to recognize that cultural understanding requires more than just awareness.

The school must provide written information to the parents addressing the concerns and needs of students who show emerging deficits. At Tier I, parent involvement in school decision making leads to an improved, more positive school climate. At the targeted (Tier II) and intensive (Tier III) levels, parent expertise regarding the individual student is vital and some portions of the intervention may take place at home. Members of the student's family may provide information about the student's functions in a variety of settings and strategies that will lead to improved student outcomes, especially in an individual problem-solving model.

Parent involvement in any process affecting student performance is not only best practice but also a requirement under No Child Left Behind and IDEA 2004. Parent-teacher conferences provide educators an opportunity to further explain RTI components, goals, and individual student progress monitoring results. Parents must be notified of student progress within the RTI system on a regular basis. The written information should explain how the system is different from a traditional education system and about the vital and collaborative role that parents play within an RTI system. It must be clearly communicated that the model is not intended to delay referral for special education, but in fact, it addresses needs earlier in an attempt to prevent a learning gap from widening. When a student fails to respond to interventions and the team decision is made for referral to consider special education eligibility, written consent must be obtained in accordance with special education procedures. The more parents are actively involved at all tiers, the greater opportunity for student success.

Community engagement with schools and the RTI model in particular can take various forms. Local schools should seek resources within the community to reinforce the 3 Tier Model during or after school and to add skilled assistance with interventions. The 21st Century Community Learning Centers (21st CCLC) program is authorized under Title IV, Part B, of the No Child Left Behind Act. The program is designed to provide academic enrichment opportunities, art, music, recreation, sports, drug and violence prevention, and youth development activities to students during non-school hours. The program also offers families of students served by community learning centers opportunities for educational development. Federal money to states for this program is determined by population. Additionally, local businesses can engage in activities to support schools with volunteers, special presentations, awards, and recognition. Companies and corporations often have foundations that provide funds for parent-teacher organizations to host special activities at the school level. The old adage, "it takes a village to educate a child," can truly be realized by using all available resources and educating parents and community members about RTI implementation.

SECTION III: Putting RTI into Practice

Pre-Implementation Readiness

Prior to formally adopting a response to intervention model, districts should take time to prepare and evaluate their needs. Districts should consider the current reality of student achievement and determine if there is a collective commitment to adding positive changes that will help them attain achievement goals. Specific goals for improvement have most likely been identified in the continuous improvement planning process. Since the RTI framework is an approach to resource allocation, leaders should address if they are willing to reallocate resources to change outcomes. When assessing in terms of system effectiveness, school leaders will answer the following questions:

- Is what we are doing giving us the result we want?
- Is the system efficient; do students have to repeat classes, come back in the summer, be re-taught?
- Do we have students who move to the next grade level without mastering required skills?
- Is the system equitable across schools, classes, teachers; do ALL students get the same opportunities?
- What is the graduation rate; the drop-out rate?
- Do we have processes in place to address what every student needs in a way that is systematic, urgent, timely, directive, equitable, and targeted?

> "Change must be driven by both principles and practices."
>
> *(NASDSE December 2006)*

In discussions about system-wide approaches, a common frame of reference is helpful to further define RTI. Essential components of RTI include the following and are evident in many schools. Districts and schools should begin by evaluating their buildings based on these components and outlining the kinds of evidence that support each area:

- Students receive explicit instruction in their general education setting.
- General education curriculum and instruction is research-based.
- General education teachers and staff assume an active role in students' assessment of that curriculum.
- School staff conduct universal screening of academics and behavior.
- Continuous progress monitoring of student performance is occurring.
- Continuous progress monitoring pinpoints students' specific difficulties or needs for more challenging tasks.
- School staff implement specific, research-based interventions to address students' difficulties.
- School staff use progress-monitoring data to determine intervention effectiveness and to make modifications as needed.
- Systematic assessment is completed to ensure the fidelity or integrity with which instruction and interventions are implemented.

- The school master plan and goals are well described in written documents, and the procedures and activities used can be compared to these documents for consistency.
- Sites can describe how they use standardized supplementary instruction and what is in place to examine individual student needs when more intense intervention is required.
- The school has outlined and is utilizing the concept of multiple tiers of increasingly intense student interventions in academics and behavior.

The use of RTI self-assessment tool can help schools to identify the strengths and limitations of an RTI implementation that is already underway. Continually reviewing and refining implementation will result in fidelity to a process that will allow benefits to be realized.

> We are really helping kids before they fail, all along the way, in every way we can. When they start falling, shoring them up with the next scaffolding that is available, allows us to make such a difference.
>
> *Rozanne Gans, Reading Coach*
> *Caldwell School District*

Important Roles and Expectations

Although roles vary somewhat from district to district and between schools, RTI has brought about new responsibilities and expectations as resources are allocated to address student needs.

District Administrators have a fundamental role in the implementation of RTI. They must:

- demonstrate an understanding of RTI and its connection to student achievement and school improvement,
- build consensus among staff that RTI is necessary and has common components of many current services,
- provide practical models and examples as well as monitor building-level implementation,
- support professional development and make available the technology and tools that are imperative to successful RTI implementation, and
- build schedules that accommodate the attendance of critical team players at the site level.

Building Administrators will take the lead to ensure positive systems change and serve as the liaison between school and district goals and plans. They will:

- ensure their building's action plan incorporates staff development needs,
- oversee collaborative teams by participation on a regular basis,
- support necessary schedule changes and personnel assignments while carefully considering school culture, and
- monitor the integrity of instruction at all tier levels as they are responsible for student achievement data.

Teachers in the general education setting play a central role in RTI implementation. The significant purpose of this model is to provide appropriate curriculum and instruction in order to meet the needs of all students, allowing them to meet content standards with proficiency. Teachers must:

- be curriculum experts who will plan and carry out core and intervention instruction,
- identify students who are at risk, not making sufficient progress, or not responding to interventions,
- use universal screening and progress monitoring tools to collect data, and
- collaborate with colleagues on how to best utilize the data to improve student performance.

Parents/Guardians/Families should be an integral part of the RTI decision-making process. They should be valued and attend collaboration meetings at appropriate times. They will be expected to:

- provide pertinent information about their child and his/her learning style, strengths and limitations, and history,
- be a part of the intervention by working to reinforce skills and/or behavior at home, and
- ask questions about the process steps that they do not understand and about the progress of their child.

Roles of RTI Team Members

Each building should assign staff members who will carry out the tasks of the RTI model. It is recommended that everyone on the staff learn the different roles and take part at some point in the year. New staff should be included and learn by taking part in the process.

RTI Coordinator should oversee the decision-making process and ensure integrity and consistency of the RTI implementation in the building.

RTI Meeting Facilitator may be the RTI Coordinator or may be another individual who has the necessary skills to facilitate efficient meetings and the strong knowledge of the decision-making process. The facilitator should establish and maintain a supportive and collaborative atmosphere, as well as keep individuals focused on developing intervention plans. This role is critical, as the facilitator will resolve any conflicts that arise and continually clarify and summarize the information being presented.

Recorder is responsible for recording the plans, including the meeting notes. This person will capture all important information, especially related to intervention specifics, progress monitoring, data analysis, and future meeting dates. The recorder may need to ask for clarification and review components of the RTI plan with the team. Some schools use a computer during meetings to immediately display and review the plan.

Time Keeper is essential in making sure that meeting times are respected and the team stays focused on the task. Because many decisions need to be made during the meeting, the time keeper should monitor the use of time and keep the team cognizant of time allotments at various stages of the meeting.

Case Manager or designated Consultant/Coach is a role specific to the RTI decision-making team. The person in this role is a liaison between the classroom teacher and the team. His/her most important function is to support the teacher throughout the process. The case manager may assist the teacher in collecting and preparing student data, completing necessary documentation, and overseeing the implementation of the agreed upon intervention, whether it is a small group or individual intervention. The case manager may also be asked to assist the teacher prior to the initial meeting to help define the need and analyze for possible causes so the information is already drafted when the team initially meets. This person will need to utilize effective consultation skills while monitoring tasks assigned to other group members regarding the intervention. Continual communication throughout the process with the teacher and all team members is necessary.

Interventionists have the task of carrying out the intervention. Interventionists may include a variety of individuals, including the classroom teacher, a paraprofessional, the Title I teacher, the gifted/talented specialist, special education teacher, school counselor, psychologist, or school social worker. There may be more than one person carrying out the intervention, but the primary role is to implement the intervention with fidelity. Interventionists also have a key role in communicating with the case manager and the classroom teacher if he/she is not delivering the intervention and providing information about the intervention effectiveness. People delivering the intervention must be adequately trained to implement the intervention and have the time and resources to do so. Only in limited cases would a speech pathologist, occupational therapist, physical therapist, or hearing/vision specialist be a primary interventionist; otherwise, he/she may be part of the initial development of the intervention in consultation with the team or work in conjunction with the person primarily involved in the delivery of the intervention.

The individual(s) responsible for **Progress Monitoring** must have an understanding of the tools they will use and the purposes for each tool. Specific training on administration and scoring of Curriculum Based Measurement (CBM) is essential, as are skills in graphing and displaying data from various sources. A data system must be used that visually displays and demonstrates progress. The people monitoring progress can include teachers, paraprofessionals, retired teachers, and support personnel. They need to be in continuous communication with the interventionist/case manager/designated consultant/coach to examine data indicating whether the intervention is being successful.

School Psychologist roles are changing in many ways as schools focus on more targeted assessment and support. Since school psychologists have an active and significant role in the implementation of the RTI model, they must be on the RTI team and part of the decision-making process. Their in-depth knowledge and skills in the areas of consultation, problem-solving, assessment, and systems change have a direct impact on the implementation of RTI. School psychologists are expected to support buildings in the development of teams and training of school personnel on effective collaboration and consultation skills. They must support the development of evidence-based interventions and the implementation of progress monitoring tools that are sensitive to small changes and used with reliability and validity. School psychologists may be asked to take on the role of RTI coordinator or facilitator and guide the RTI decision-making process, depending on their skills and the needs of the school and expectations of the administrator. (http://nasponline.org/advocacy/RTIrole_NASP.pdf)

School Counselors and Social Workers are also important participants in the RTI model. The needs of the individual schools as well as the skills of each professional will help determine the role school counselors and social workers will play. With tuned skills in collaboration, they are equipped to contribute and lend expertise to the decision-making team and the RTI process. In addition, school counselors and social workers can utilize their strengths by being part of parent and community engagement activities. They also could deliver all or part of an intervention that focuses on behavior and/or social-emotional development. Administrators' expectations should determine the way in which these professionals will best contribute.

Specialists consist of speech-language pathologists, occupational and physical therapists, nurse, teacher of English Language Learners, gifted and talented specialists, Title 1 teachers, and Vision, Deaf and Hard of Hearing teachers. Their role is critical to the RTI team in the development of interventions and progress monitoring when individual students and small groups have needs in their specialized areas. They should support interventions at Tier 2 and Tier 3 based on their level of expertise, case load, time in the building, and the expectations of the administration. Their involvement may be related to the intensity of the intervention and should be determined on a case-by-case basis with input from the specific specialist being considered.

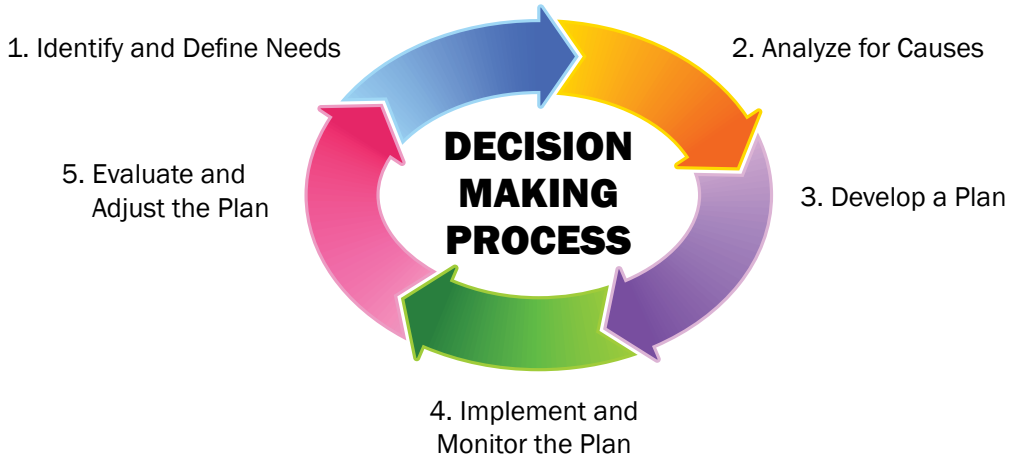
RTI is an amazing process. We are providing all students with what they need. It is so much better than a wait to fail model!

Randi Kulis, Teacher
Lake Pend Oreille School District

The Decision-Making Process

The school needs to establish a process for examining screening data, analyzing causes for non-response to Tier 1 instruction, developing interventions to increase student achievement, and making sure students are responding to those interventions. The process of decision making is the same regardless of examining groups of students or an individual student. The more efficient use of time and resources is found when the process is utilized to benefit groups of children. The RTI team members will have various roles in this process and must document each step. It is a continuous cycle of looking at data, and modifying and adjusting the data for student needs at all tiers as they show improvement or non-response to intervention. This collaborative learning cycle results in curriculum decisions, scheduling of instruction, student grouping, and allocation of resources.

(Form *Tracking the Team Decision Making Process*)



1. Identify and Define Needs

The continual review of data and issues affecting student learning is at the heart of the RTI process. At the beginning of a school year, teams should already have a clear idea of their challenges for the coming year. However, it is at this point that the first look at students takes place. Universal screening should be done with every student in every grade. Screening is a type of assessment that is characterized by providing quick, low-cost, repeatable testing of age-appropriate critical skills (for example, identifying letters of the alphabet or reading a list

of high-frequency words) or behaviors (for example, tardiness, aggression, or inattentiveness).

School-wide screening in an RTI setting

In the RTI model, screening is used to designate students who might be in need of closer monitoring in their general education curriculum or of a more intense intervention. Screening represents the first gate or point of entry into subsequent tiers of instruction. Screening is not a one-time process but an ongoing system used during the school year and across grade levels, occurring at least three times per year. Screening serves three purposes:

1. Identify individuals in need of further assessment and possible movement to Tier 2 intervention.
2. Provide feedback about class performance to help school leadership identify when a teacher might require support.
3. Identify students who slip through the screening at one level but are then identified at later points in their school years. (NRCLD)

In depth *http://www.nrcld.org/rti_manual/pages/RTIManualSection1.pdf*.

It is also important to understand whether the identified problem exists for only one student, for a small group of students, or for a large group of students since this knowledge will lead to different types of interventions. Schools should decide on what constitutes an "at-risk" learner by looking at a variety of data.

Examples of additional data to be considered might include:

- Idaho Standard Achievement Test
- Idaho Reading Indicator (Grades K-3)
- CBM, Reading and Math Fluency (AIMSWeb)
- Idaho English Language Assessment
- Attendance/tardies, grades, office referrals

The RTI team meets to review the overall performance by grade and how close students are to meeting established benchmark targets. Students who show scores slightly below expected should receive differentiated instruction in the general education classroom as prevention and be progress monitored at least monthly, rather than wait until the next benchmark screening. The RTI team works with each grade level to develop Standard Treatment Protocol interventions for Tier 2 and/or individual interventions for Tier 3. Needs are identified and possible causes for lower achievement are explored as a next step.

School-wide screening is conducted to identify a subset of students who are then monitored closely to confirm or disconfirm “at-risk” status. Multiple sources of data are necessary to avoid over identification as it is costly in terms of resources. Using a one-time screening measure could result in too many students identified for Tier 2. A minimum of five (5) weeks of weekly progress monitoring has been found to reduce or eliminate the provision of Tier 2 to these "false positives." During that time, students’ instruction will be differentiated and accommodations given while remaining in the general education curriculum. (NRCLD) Compton et al. 2006.

Critical Points for Step 1 Identifying and Defining Needs

- Standardized administration of screening measures
- Use of reliable data
- Identification of class-wide problems
- Identification of students who need a Tier 2 or Tier 3 intervention
- Decisions about students who are already in interventions

(Adapted from Burns, NCLD Talk, Nov. 2008)

2. Analyze for Causes

When students in a class fall below the expected performance standard, a school staff must explore the reasons. With an effective core curriculum, regardless of student demographics, about 80 percent of students should respond positively to Tier 1 curriculum and instruction. Tier 1 provides the foundation for instruction on which all supplementary interventions are formulated. When students are not responding to instruction at any tier, it is important to analyze multiple variables that could account for lack of response. Variables from the domains of Instruction, Curriculum, Environment, and Learners as found through review of records, interviews, observations, and testing should be considered, i.e., the ICEL/RIOT or Flowchart for Evaluating I-C-E in the Toolbox. The outcome of analyzing causes can lead the RTI team to determine if a Standard Treatment Protocol or Individual Problem Solving will be necessary. Sources of information to be used in assisting schools about what constitutes effective practice at any tier include:

- Federal policy initiatives, such as NCLB best practices
- Research related to relevant academic area
- Research and literature on effective schools and teaching

These sources, as well as district and state curricular frameworks, should be used to inform, develop, and evaluate instructional delivery and resulting student outcomes.

Critical Points for Step 2 Analyzing For Causes

- Collect data from a variety of sources
- Compile the data in a format that is easy to read and visual
- Summarize the data
- Analyze data from a variety of a sources about why the need exists

> "The teacher's influence on student achievement scores is twenty times greater than any other variable, including class size and student poverty."
>
> *Fallon, 2003*

3. Develop a Plan

Students who have been identified based on screening and have been eliminated as "false positive" with four to five weeks of progress monitoring at Tier 1 should be considered for intervention. Similarly, those students who have been in an intervention and have not responded need to be reconsidered. Developing a plan for interventions for students who have similar needs and for whom Tier 1 instruction is not sufficient requires many considerations. Decisions about what the intervention(s) should look like in Tier 2 or 3 should be made by careful analysis of information. A standardized protocol intervention is one that researchers have validated as effective through experimental studies for groups of students. It must be used in the conditions under which it has proven successful. It must be kept in mind, for some students, the intervention plan must include interventions that have been specifically designed for that student.

Written intervention plans should include:

- A description of the specific intervention used, including the scientific, research-based materials and instructional practices
- The duration of the intervention: number of weeks, minutes per day
- The schedule and setting in which the intervention occurs
- Who is responsible to deliver and monitor the delivery of the intervention
- Measurable outcomes that can be used to make data-based decisions about modifications needed in the course of the intervention
- The size of the group receiving the intervention
- Description of the skill measurement and recording techniques
- The progress monitoring schedule and data review points

Achievement Gap Analysis and Goal Setting

A critical component of determining a student's response to an intervention as well as the appropriate intensity level of instruction is addressed by the analysis of the achievement gap. Where is the student performing compared to the goal for improvement? In setting realistic growth expectations, different strategies can be used.

There are three options for setting goals:

- Universal Benchmark – Example: Students in the 2nd grade should be reading 68 words per minute correct by winter.
- Rate of Improvement (ROI) – Example: Using grade-level expected growth rate, if a teacher calculates a 1.5-word increase across 34 weeks left in school year and adds it to the current baseline of 50 wpmc, then student's goal will be set at 101 words read correctly per minute: (1.5 x 34) + 50 = 101.
- Intra-individual Framework – Example: Identify a student's ROI using at least eight data points. If a student was reading 77 wpmc and is now reading 89 wpmc, the slope is .86. Multiply the slope by 1.5 and that will give you a rate of improvement of 1.3. That ROI is multiplied by the number of weeks remaining. In this example 1.3 times 27 weeks remaining = 35 words. Add 35 to the baseline of 77 and the goal is 112 words per minute correct by the end of the stated time period.

Once a goal is established, determine the gap that needs to be closed. In our example above, if the student should be reading 68 wpmc and is now reading 34 wpmc, the gap is 2.0 (68/34=2.0) A gap above 2.0 is often considered significant. Determine the gain needed by subtracting the student's current level of performance from the expected benchmark at the next review period. (Example: 90 wpmc in the spring of 2nd grade is expected and the student is reading 34 wpmc. 90-34= 56 wpmc necessary to close the gap. The RTI team determines if this is a realistic goal and the number of weeks necessary to close the gap. The teacher and/or grade-level team will monitor the plans on a weekly basis, while reviews by the RTI team should take place routinely. Identifying three or four consecutive data points significantly above or below the aim line, (goal line) should constitute a review of the plan.

Critical points for Step 3 Developing A Plan

- Decide on appropriate intervention based on student need and data
- Set clear, objective, measurable goals for student progress
- Determine roles in documenting and carrying out the plan
- Involve appropriate team members and parents
- Set review dates to examine effectiveness data

For suggestions about how to document interventions and this level of the decision-making process, refer to the RTI Toolbox.

4. Implement and Monitor the Plan

Students involved in Tier 2 or Tier 3 plans, whether on standard treatment protocol (group) or individual plans, should be monitored closely to determine the effectiveness of what has been put in place. Depending on the elements set forward in the plan, students will be monitored weekly or bi-weekly. It is critical that fidelity to the intervention is followed and understood by those implementing as well as monitoring. The use of curriculum-based measurements (CBMs) in the

areas of need can be delivered quickly and inexpensively. CBMs are available in the core areas of Reading, Math, and Written Language. Tracking data through the use of a computer-based program such as AIMSweb© can be useful in seeing data visually through graphs and various reports.

Critical points for Step 4 Implementing And Monitoring The Plan

- Follow the pln and deliver the intervention with fidelity
- Document the quality of the plan
- Implement ongoing progress monitoring
- Collect and monitor the data on a regular basis
- Present data routinely to the RTI team

5. Evaluate and Adjust the Plan

Using progress monitoring data and input from the teacher, the effectiveness of the plan and the students' response to intervention can be documented and determined. The goals established would have given clear expectations of what success should look like. The goal may need to be modified or more intense instruction may need to be delivered. The intervention may need to change to a different Tier 2 intervention or Tier 3 intervention. Examining the learning rate, the team can determine those students who are improving, making slow gains, or not responding to the intervention. Learning rate over time is an important consideration in determining possible referral to the multidisciplinary team for special education services. At this time, the team has four choices:

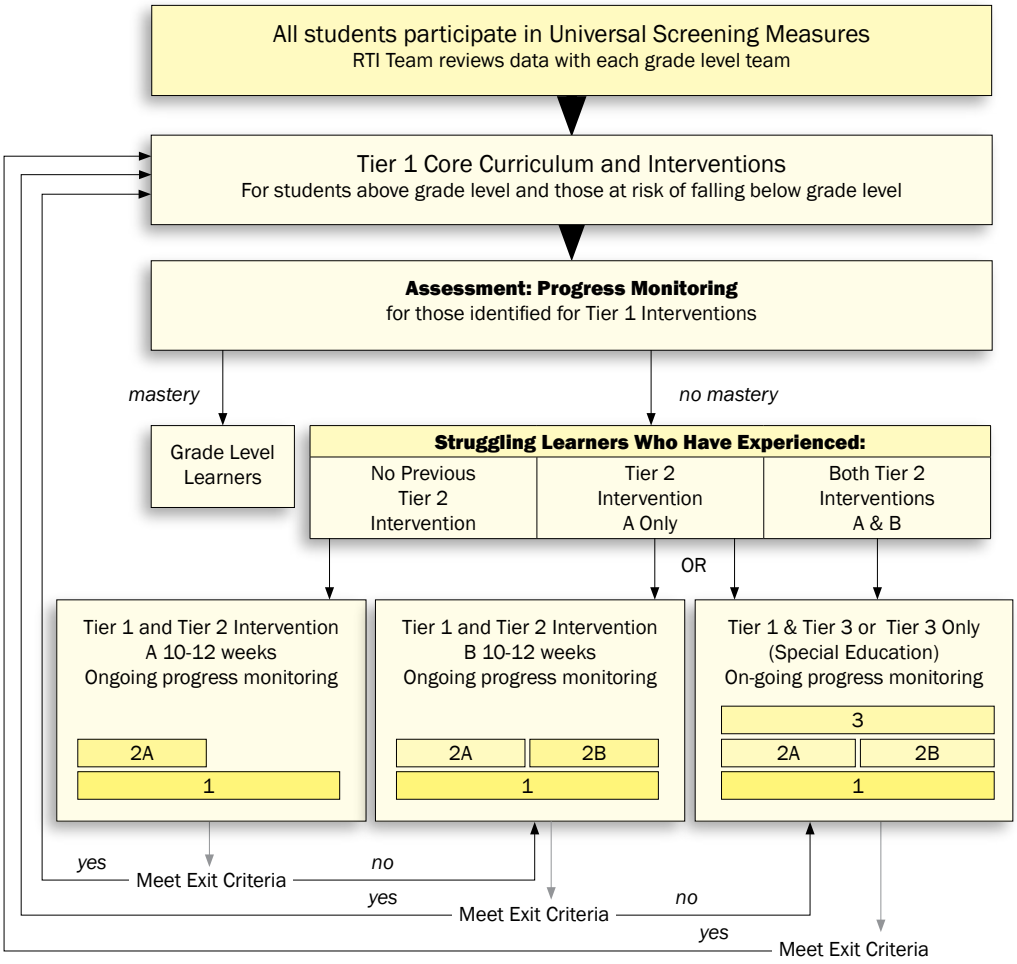
- Discontinue the intervention and return to Tier 1 exclusively
- Continue the present Tier 2 intervention
- Change to a different Tier 2 intervention
- Change to a more intense intervention at Tier 3

> RTI has been a very organized, child-centered way for us to methodically study and meet the needs of children. The thoroughness of Response to Intervention ensures that we look at all options for children and use data and many strategies to assist students in their learning and growth. It supports the classroom teacher in growing her/his skills in dealing with the wide range of students we now have.
>
> *Janice Green, Principal*
> *Gate City Elementary, Pocatello*

Critical points for Evaluating and Adjusting the Plan

- Determine if the plan was implemented as designed and the intervention delivered with fidelity
- Consider reducing group size
- Consider increasing the amount of time or frequency of intervention delivery
- Consider narrowing the focus of the intervention
- Ensure the process has been well-documented during implementation
- Where will we go from here? Which of the four above decisions will be made?

The chart below gives an example of this decision – making process.



Adapted from Vaughn (2003)

Fidelity of Implementation

Fidelity of implementation is the delivery of instruction in the way in which it was designed to be delivered (Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000). Fidelity also addresses the integrity with which screening and progress monitoring procedures are completed and an explicit decision-making model is followed.

The aim of a fidelity system is to ensure that both the school process of RTI and classroom instruction at various tiers are implemented and delivered as intended. To assure fidelity of implementation, monitoring procedures must be in place to measure teacher adherence to protocols. Monitoring can include a combination of such things as checklists, videotaping, peer feedback, and outside monitoring. To assure the success of RTI implementation, schools must support continuous professional development and training opportunities for professional staff. This is particularly important as new staff join the school.

A set of procedures to ensure that the evidence-based practices at the various tiers are being implemented with high fidelity is critical. In the absence of regular checks on fidelity of implementation, it would be difficult to know if the interventions are being taught with integrity. In order to make sound judgments about a student's responsiveness to an intervention, there must be assurance that the intervention is being taught in a way that is consistent with its initial

design. Without knowing if the intervention is taught correctly, inappropriate decisions may be made about student performance (i.e., poor performance could be attributed to the student when it may be due primarily to ineffective implementation). A great deal has been written in the professional literature about the importance of fidelity checks and the ways to conduct them.

While this attention on fidelity is appropriate, it is not sufficient. It is equally important to know that interventions are being taught in the right dosage. Dosage is defined as the amount of something to be administered at one time and the intervals at which it should be administered for a specified period of time. In short, an intervention may be delivered correctly every time that it is taught (i.e., the intervention has high rates of fidelity), but if it is only taught two days a week when it should be taught every day of the week, outcomes may be compromised because dosage is not being carefully monitored. Instructional dosage can be thought of as at least four interconnected factors: (a) group size, (b) instructional period, (c) frequency, and (d) duration. It is discussed more fully in the curriculum and instruction section on interventions.

For RTI efforts to be effective in improving student performance, it is necessary to make certain that interventions are not only taught correctly, but that they are being taught with sufficient intensity. While both fidelity and dosage are relatively easy constructs to understand, they are much more difficult to implement effectively in practice. The potential complexity of ensuring that any RTI effort meets high fidelity and dosage standards highlights one of the challenges to effective implementation of RTI programs; however, if these two issues are successfully addressed, student outcomes will benefit.

Fidelity of implementation also addresses the process in which RTI is implemented in a district and building. The district should agree on ways to standardize an RTI model across schools. While there are some differences in RTI implementation at different buildings, essential components have been identified nationally as non-negotiables for any implementation. Refer to the "Idaho RTI Self-Assessment" document for indicators of essential components that are known to result in successful implementation.

Specific proactive practices that help ensure fidelity of implementation include the following:

- Link interventions to improved outcomes (credibility)
- Definitively describe operations, techniques, and components of the RTI model
- Clearly define responsibilities of specific persons
- Create a data system for measuring operations, techniques, and components of the RTI model
- Create a system for feedback and decision making (formative) to improve the model
- Create accountability measures and plan staff development accordingly.

Gresham, F.M., MacMillan, D.L., Beebe-Frankenberger, M.E., & Bocian, K.M. (2000). Treatment integrity in learning disabilities intervention research: Do we really know how treatments are implemented? *Learning Disabilities Research & Practice, 15*(4), 198-205.

SECTION IV: Connecting The Pieces

RTI and Specific Considerations

RTI Implementation at the Secondary Level

RTI models are based on the premise that students should not have to wait for additional support and risk failing before receiving needed services. Students enter high school with a variety of needs that can be served by an RTI model. In some cases, academic and/or behavioral issues may not have been previously identified or may not have surfaced until middle or high school. By high school, it is estimated that between 40 and 60 percent of students across the nation chronically disengage from school, not counting those who have dropped out. (Klem & Cannell, 2004) An additional challenge that presents itself is that sometimes academic and behavior issues are difficult to separate. Is the child having behavior issues because of academic struggles and insufficient preparation for the district curriculum? Or have academic concerns arisen because of newly manifest behaviors?

The challenge at the secondary level in implementing an RTI model is addressing these logistic issues. The focus is on learning content and using higher-level thinking skills within subject areas, which does not lend itself to the use of universal screening tools, ongoing progress monitoring and increased intensity of instruction or interventions that work across subject areas. Students attend many classes with different teachers, some of whom may rarely interact with each other, thus further hindering the identification process. Teaming across subject areas requires additional time and scheduling flexibility.

Not only is RTI implementation possible at the middle and high school levels, it is also very much needed. Schools across the nation are struggling to meet AYP graduation goals. Fewer than 70 percent of high school students graduate, and more than 2,000 American high schools have graduation rates below 50 percent (Alliance for Excellence in Education, 2008). There were more than 6 million struggling readers in grades 7-12 in schools across the nation, and at least half the middle and high school students did not have the necessary reading skills to master curriculum standards (NCES, 2005).

RTI at the secondary level has the potential to extend interventions, especially those that focus on literacy and math skills to all students. Most discussions of RTI focus on meeting the needs of students with academic difficulties. Thinking of RTI as having benefit to students who are on or above grade level may be difficult for some educators; however, when designed appropriately at the secondary level, RTI can have a positive outcome for ALL students. Comprehensive RTI models that include early identification of academic and behavioral risk factors and a tiered system of support reduce rates of student disengagement and inappropriate special education referrals. It also increases the numbers of students achieving grade-level standards. (Burns 2008)

Features of RTI that are common to both secondary and elementary levels:

- Scientifically based curriculum and instruction is provided in general education settings.

- Screening to identify at-risk students in academics and behavior takes place several times each year.
- Interventions that are scientifically research-based are used in the 3 Tier Model of increasingly intense instruction.
- Continuous monitoring of at-risk students determines the effectiveness of interventions.
- The fidelity with which instruction and interventions are provided is assessed.
- The RTI model must ensure a process for referral for comprehensive evaluation, if appropriate.

Bradley, R., Danielson, L., & Doolittle, J. (2007) Responsiveness to Intervention: 1997 to 2007. Teaching Exceptional Children, 35(5) 8-12

In addition, successful implementation of RTI at the secondary level will need to include practices and procedures for ongoing capacity building and collaboration. *(Arnberger & Shoop, 2008; Canter, 2004; canter, Klotz, & Cowen, 2008; Duffy, 2007)*

Examples of those practices and procedures include:

- Identifying of relevant screening and progress monitoring tools
- Selecting appropriate intervention models that work across subject areas
- Developing and defining a process that clearly conveys how the model will look
- Establishing teams that make collaborative decisions
- Identifying effective instructional techniques that engage students
- Identifying and utilizing a culturally salient vehicle for instructional delivery to minimize or eliminate cultural discontinuity as a reason for low student performance

Secondary schools that are initiating or refining an RTI model are encouraged to utilize staff development opportunities and investigate currently existing sites both in and out of state that have successful RTI practices in place. These are some nationally recognized schools that have implemented RTI with fidelity:

- Long Beach Unified School District, Long Beach, California
- Thomas B. Doherty High School, Colorado Springs, Colorado
- Chisago Lakes School District, rural Minnesota

The Role of RTI in Specific Learning Disability Eligibility for Special Education

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004, (PL108-446) indicates that students must receive appropriate instruction in general education from qualified personnel before determining a student has a specific learning disability (SLD) that requires special education services to address achievement or behavioral difficulties. The traditional discrepancy model between intellectual ability (IQ) and achievement that has been used for determining if a student is eligible for special education with a learning disability has focused more on a label and "wait to fail" approach and less on providing appropriate instructional intervention as soon as possible. Extensive research over the years has challenged the validity and reliability of using the discrepancy

approach for SLD identification. The table below provides a comparison between the use of the traditional discrepancy versus the Response to Intervention approach for determining special education eligibility.

RTI practices focus on providing appropriate general education intervention that directly relates to the IDEA requirement of a full and individual evaluation for all students who are being considered for special education eligibility and services. The eligibility determination process for special education requires a multifaceted evaluation from multiple sources and in all areas related to the suspected disability. The evaluation team can use national, district or area normative data to determine if a student is significantly discrepant from performance expectations. An RTI approach can provide critical data about the student's response to both core instruction and supplemental intervention and whether significant and ongoing resources beyond general education are needed to produce or maintain meaningful progress. When a student does not make sufficient progress during Tier 1, 2 and 3 intervention, data collected from observations, diagnostic assessments and progress monitoring can be used as a part of the comprehensive special education evaluation. As with any eligibility determinations, the evaluation process for determining eligibility using RTI practices must meet a high standard of validity and adhere to specific eligibility criteria outlined in the Idaho Special Education Manual.

Comparison of Discrepancy Eligibility and RTI/Combined Eligibility

Standard Discrepancy Eligibility	Using RTI
Comprehensive Evaluation can show indications of reasons for non-response	Data alone does not indicate causes for unresponsiveness
Focus on current level of achievement	Focus on progress
Comparison to normal populations	Comparison to peers receiving similar instruction
Determination data is from a point in time	Data collected over a period of time to see pattern of non-responding
Waits until gap is wide	Early intervention, prior to eligibility determination
Lacks info from testing information that informs instruction, assists in programming	Systematic process in place to insure that appropriate high-quality, research-based instruction has been delivered and monitored

Special Education

Unlike students with milder academic or behavioral concerns, students who have already been identified with severe medical, physical, visual, hearing or cognitive disabilities are most often referred directly for a special education evaluation. To determine whether a student has significant cognitive challenges that will impact his/her ability to be successful with Tier 1 or Tier 2 interventions, it is appropriate for an evaluation team to complete a comprehensive assessment. For students suspected of having a speech, language or emotional/behavior disability, the RTI process can provide a system for determining the cause of a problem and whether short-term, less intensive interventions within the general education support system can adequately correct the behavioral/emotional, motor, speech or language concerns. Observations, assessments and data collected during intervention can then be used as a part of a special education evaluation, if

needed. Additional assessments may also be needed to determine special education eligibility.

Because RTI is an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or intensified services, all students, including those students with Individual Education Plans (IEPs), are serviced within the three-tired system. Ongoing progress monitoring can be used with students on IEPs to identify when a student has met benchmarks and could return to Tier 2 or Tier 1 intervention as long as continued monitoring occurs, allowing for a flexible special education service delivery system that is responsive to student need. A student, who requires special education services to adequately address needs in a specific area, may also be receiving instructional support through Tier 1 or Tier 2 for needs in other areas in which they are not eligible.

English Language Learners

English Language Learners refers to students for whom English is not their native or first language. To efficiently and effectively meet the unique linguistic, academic, and cultural needs of English Language Learners (ELLs), a three-tiered, early intervention model is critical. Students who are ELLs need support systems that enhance language acquisition while simultaneously enhancing content area knowledge. Most students with limited English are provided services through Limited English Proficient (LEP) programs; however, for those ELLs who struggle to make progress, a small group or individualized intervention process should be created and implemented. Response to Intervention supports ELLs by providing an intervention process that capitalizes on the talents and expertise of all professionals throughout the school system, not only the bilingual/ESL educator.

Current research and practice concludes:

- All young children are capable of learning two languages. Becoming bilingual has long-term cognitive, academic, social, cultural, and economic benefits. Bilingualism is an asset.
- Loss of the home language has potential negative long-term consequences for the ELL child's academic, social, and emotional development, as well as for the family dynamics.
- Teachers and programs can adopt effective strategies to support home language development even when the teachers are monolingual English speakers.
- Non- English speaking children enter kindergarten with many social strengths as a result of positive parenting practices that need to be acknowledged and enhanced.
- The period from ages three to eight is critical for language development and necessary for providing the continuity and extended time for children to fully benefit from these programs. The PK-3rd grade years are critical for developing mastery of the sounds, structure, and functions of language, and thus are an ideal time to expose children to the benefits of two languages.

With regular and continued application of these findings, the educational outcomes for ELL children will improve as well as the social and economic strength of diverse communities. Consideration for gifted and talented services

should be addressed with ELL students, not allowing language barriers or biased identification processes to eliminate them from receiving opportunities for growth and excellence. Identification processes should include nondiscriminatory assessment tools or nonverbal tests of intelligence that assess the strengths of culturally and linguistically diverse students.

RTI and Other Programs

Gifted and Talented

All students identified as gifted and talented in the State of Idaho have the right to an appropriate education that provides educational interventions that sustain, challenge, and ensure continued growth within the public school system. "Each public school district is responsible for and shall provide for the special instructional needs of gifted/talented children enrolled therein. Public school districts in the state shall provide instruction and training for children between the ages of five (5) years and eighteen (18) years who are gifted/talented as defined by the State Board of Education. The State Board of Education shall, through its department of education, determine eligibility criteria and assist school districts in developing a variety of flexible approaches for instruction and training that may include administrative accommodations, curriculum modifications and special programs" (Idaho Code 33-2003).

"Gifted and talented children" mean those students who are identified as possessing demonstrated or potential abilities that give evidence of high performing capabilities in intellectual, creative, specific academic or leadership areas, or ability in the performing or visual arts and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities (Idaho Code 33-2001)

"Twice exceptional" refers to students who are identified as gifted and talented in one or more areas of exceptionality (specific academics, intellectual ability, creativity, leadership, visual, or performing arts) and are also identified with one or more diagnosable conditions, such as learning disabilities, mental health problems, neurological disorders, physical handicaps, or medical conditions such as attention deficit disorder. They may also possess an asynchronicity that occurs due to the discrepancy between mental age and chronological age, which may or may not impede their progress in life. Gifted students with disabling conditions remain a major group of underserved and understimulated youth (Cline, 1999). The focus on accommodations for their disabilities may preclude the recognition and development of their cognitive abilities. It is not unexpected, then, to find a significant gap between their measured academic potential and actual performance in the classroom (Whitmore & Maker, 1985). In order for these children to reach their potential, it is imperative that their intellectual strengths be recognized and nurtured, at the same time as their disability is accommodated appropriately.

Identification of giftedness in students who are underachieving or disabled is problematic. The customary identification methods -- standardized tests and observational checklists -- are inadequate without modification. Standard lists of characteristics of gifted students may be inadequate for unmasking hidden potential in children who have disabilities or are presenting as at-risk for failure.

Students who are gifted with learning challenges are at-risk because their social and emotional needs often go undetected or are difficult to explain and measure. Research indicates that between 2 percent to 5 percent of the population will have disabilities and between 2 percent to 5 percent of students with disabilities are gifted (Dix & Schafer, 1996, Whitmore, 1980 & Maker, 1977). The intellectual strengths of gifted childen often mask specific challenges or weakness. Their inconsistent academic performance may lead educators to believe that these students are not putting forth adequate effort. When building-level teams encounter a student who presents a more complicated profile, and examining reasons for failure does not present a typical 'non-responder' to interventions, an individual problem-solving approach should be used.

	RTI	NCLB 2001	Reading First	IDEA 2004
Purpose	School-wide model of integrated instruction, assessment, and data-based decision making to improve student outcomes	All students reach high standards in reading, math, science, and graduate from high school.	Increased reading achievement for students in grades K-3.	Improves educational outcomes for students with disabilities.
Instruct-ional Program Coherence	Requires horizontal & vertical alignment of instructional practices, screening, and monitoring.	Integrated instruction and assessment system. Assessment of student progress in state curriculum.	Scientifically based instruction and assessment in the essential components of reading K-3, including supplemental support for those with difficulties.	Research-based interventions, progress monitoring, accountability, and access to the general curriculum, and alignment of transition services with post-school opportunities.
Building Capacity	Focus on school-wide systems requires greater collaboration between teachers/staff to coordinate efforts of instructional delivery, assessment, and decision-making.	Data collection and evaluation to determine Adequate Yearly Progress. Highly qualified teachers.	Capacity building through focus on procuring instructional materials and providing professional development for K-3 teachers in the essential components of reading instruction.	Encourages capacity building through the inclusion of an early intervening services provision that includes interventions to at-risk students and related professional develop-ment to teachers.

Used with Permission: Mellard, D. F. & Johnson, E. S. (2008). RTI: A Practitioner's Guide to Implementation. Thousand Oaks: Corwin Press

Title I: School-wide and Targeted Assistance Programs

Both Targeted Assistance and School-wide Title I programs support RTI but in different ways. In a Targeted Assistance Program, the most at-risk students are targeted, and activities are solely focused on Tiers 2 and 3. The Title I teachers provide the supplemental instruction to identified students who qualify for services. Another highly qualified teacher should not provide additional services to Title I eligible students. Parents must give permission for their child to participate in Title I and have the right to deny these services. Title I students continue to receive core instruction from the classroom teacher. Title I services do not replace classroom instruction, but add more instructional time. Title I staff should not work with an entire class or non-eligible Title I students, except on an occasional basis.

In a School-wide Title I model, resources, services, and personnel are leveraged to support a whole school approach that does not differentiate between students. All RTI components, such as targeted intensive interventions, progress monitoring, and collaboration are allowable as long as they are part of the school-wide Title I plan, and are justified to meet the goals developed from the school's needs assessment. With either type of Title I program, the Title I staff should collaborate with those involved in the school RTI process.

Reading First

Reading First was created by the U. S. Department of Education from the findings primarily resulting from the National Reading Panel (2000). These results were outlined in *Put Reading First* (2001). The critical findings of the National Reading Panel were as follows:

- Phoneme awareness instruction helps children learn to read and spell. It is most effective when children are taught to manipulate phonemes by using letters of the alphabet and when it focuses on only one or two types of phoneme manipulation.
- Systematic phonics has a positive, significant effect on the skills of disabled readers and disadvantaged children. Across all grade levels, it improves all readers' ability to spell, especially for K students. The effects are most strong when implemented in K and 1.
- Repeated oral reading with careful guidance from teachers and/or peers has significant impact on word recognition, fluency, and comprehension.
- Independent wide reading does not have a causal relationship to reading achievement; however, this does not negate its positive effects on vocabulary, background knowledge, and comprehension. Cause is not the same as correlation.
- Vocabulary instruction leads to gains in comprehension. Vocabulary should be taught directly and indirectly with multiple exposures. Multiple methods are most useful.
- Teaching a combination of reading comprehension techniques is most effective.
- Feedback in teaching reading is critical.
- More research is needed in the field of reading technology.

Source: *Report of the National Reading Panel, 2000.*
The research and strategies supporting Reading First align with the research and findings supporting RTI.

Idaho Reading Initiative

The Idaho Reading Indicator, which was designed as part of the Idaho Reading Initiative, sets the stage for the RTI process in reading in grades K-3. One of the key components of RTI is the use of a universal screener. The Idaho Legislature enacted the Idaho Reading Initiative and provided funding for the Idaho Reading Indicator (IRI) in 1999. Idaho Code states that Idaho will have, "a K-3 assessment that will provide the necessary interventions to sustain or improve the students' reading skill." This assessment is given to all students three times a year for benchmarking purposes unless otherwise stated by a student's Individualized Education Plan. Idaho currently uses custom assessments created by a national assessment company, AIMSweb, to perform the IRI. All

schools have access to the AIMSweb data system, which houses all of the scores from each benchmarking period for students K-3 and provides schools with the ability to progress monitor any student in reading K-3. Several graphs and tables are available to teachers and administrators to provide information regarding growth, groupings, and individualized student needs.

The AIMSweb system allows schools to use the data from this universal screener to determine instructional groupings and interventions. Schools are able to continuously monitor student response and growth in multiple areas of reading. This system provides a three-tiered instructional model, which can be implemented school-wide and at the classroom level. For those students scoring at Benchmark, teachers will combine this information with other data that has been collected to determine if the core reading program will meet their needs. For the students who score in the Strategic level, teachers will use further diagnostic assessments to see where these children will need more support from the core program. The students scoring in the Intensive range can be included in more in-depth diagnostic assessments to determine what additional support and time will be needed to close the gap on their instructional needs. Both the Strategic and Intensive students can be progress monitored to assess how the instructional treatment is impacting their learning.

Idaho Math Initiative

In 2007, the Idaho Legislature allocated seed money for the State Department of Education to develop the Idaho Math Initiative with the goal to raise student achievement in math across all grades. The goal is to develop a Math Initiative that will focus on improving math education in all grades to ensure every student is prepared for higher levels of math in the middle grades, high school, post-secondary, and work-force setting. The Math Initiative Task Force, made up of educators, school administrators, parents, math education experts, and representatives from the business community and Legislature, focused on three key areas for the initial phase of the Math Initiative in the 2008-2009 school year: Student Achievement, Teacher Education, and Public Awareness.

The state will continue to administer the ISAT and Direct Math Assessment (DMA) to measure student performance in math. The DMA will be administered for another year in its current form until the State Board of Education's Assessment Review Committee makes a recommendation regarding the future of this open-ended assessment. The Math Initiative Task Force supports open-ended, performance-based assessments, which show the processes students are using to reach the correct answer. In the 2008-2009 school year of the Math Initiative, the Department piloted a new assessment for grades K-2 since many schools currently do not have a measure for student performance in math in the early grades.

An increasing number of research studies have focused on mathematics interventions and assessment in an RTI Model. Resources such as the current National Council of Teachers of Mathematics Linking Research and Practice Initiative should be considered when investigating math interventions for various populations of students. There are Curriculum Based Measures (CBMs) and Progress Monitoring Tools for both computation and concepts. Since screening

and progress monitoring are an important part of an RTI system, their use as a way to measure and increase student achievement and make instructional decisions at the school level should be explored.
(Curriculum-Based Measurement in Mathematics, An Evidence-Based Formative Assessment Procedure, Lembke, Stecker, Center on Instruction, 2007)

Positive Behavior Support (PBS) and School-Wide Positive Behavior Supports (SWPBS)

School Climate

Response to Intervention (RTI) is an approach for redesigning and establishing teaching and learning environments that are effective, efficient, relevant, and perhaps most importantly, durable -- sustained in the system -- for all educators, students, and their families. One of the core principles of the multi-tiered RTI model is to embrace and support positive school climate within all school settings and for all students. Positive school climate depends on four essential elements:

- Creating a caring school community;
- Teaching appropriate behavior and social problem-solving skills;
- Implementing positive behavior supports (PBS); and
- Providing evidence-based and rigorous academic instruction.

A positive school climate provides the foundation on which instruction will occur and all students will be engaged in learning. Positive school climate:

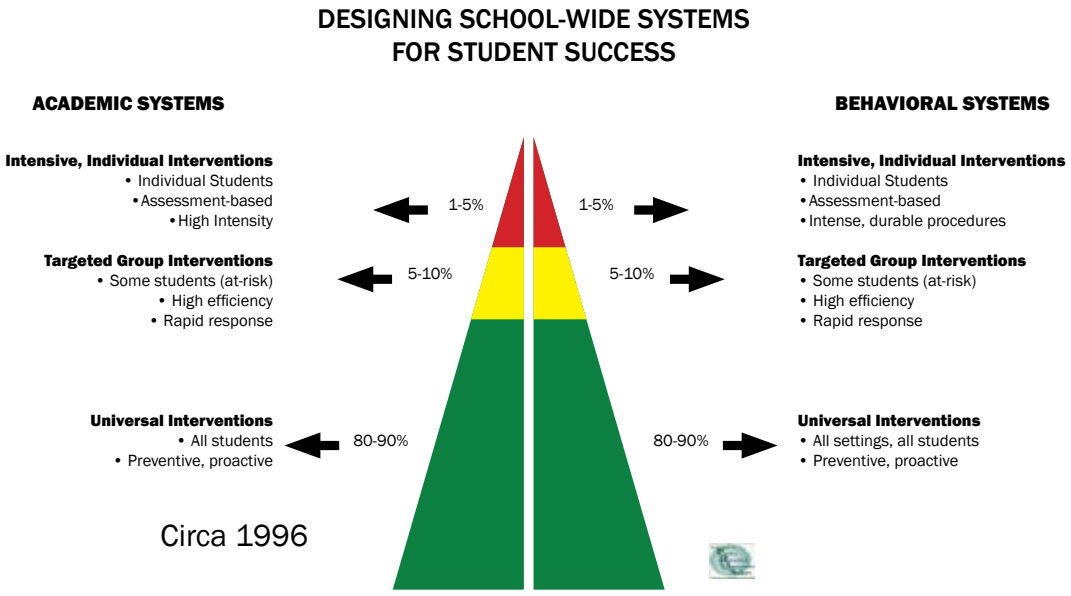
- Maximizes academic engagement and achievement;
- Minimizes rates of rule violating behaviors;
- Encourages acts of respectful and responsible behaviors; and
- Improves supports for students who are at risk for educational failure and those with disabilities.

While understanding the elements of a positive school climate is essential, it is equally important to develop systems to support school personnel in implementing evidence-based practices to improve academic and behavioral or social outcomes. Positive Behavior Supports (PBS) and School-Wide Positive Behavior Supports (SWPBS) provide the principles and practices to build capacity in schools to improve school climate and student achievement of both social and academic skills.

Positive Behavior Support (PBS)

Positive Behavior Support is the application of a broad range of systematic and individualized strategies for achieving important social and learning outcomes, while preventing problem behaviors by making them irrelevant, inefficient, and ineffective. Like RTI, Positive Behavior Supports is a three-tier model of prevention that was originally based on a public health services model and adapted to school-based behavior support by Walker and colleagues (1996) and academic systems by Kame'enui and Carnine (1998). Schools can prevent students from developing reading problems by increasing instructional intensity

in a systematic, responsive manner (Kame'enui, Simmons, Good, & Chard, 2002). In the same vein, the 3 Tier approach is applicable to social systems of support as well. It is critical that students receive a consistent delivery of instruction, prosocial skills, instructional learning, organizational skills and academic skills as they move through their school years, beginning with early childhood experiences. See the figure below for a model of dual-focused, school-wide three-tiered systems of support.



RTI and PBS share many principles and components. Prevention-oriented support is a foundational element of each model. A second major emphasis is on support at a systems-wide level (i.e., district and school). Some of the common components are:

- Prevention orientation
- Implementation of research validated intervention programs and intensity when necessary
- Universal screening system
- Progress monitoring system
- Data-based decision making
- System-level identification of needs
- Student level problem identification and problem solution

Examples of a few of these common components are described below:

	RTI: Reading	Social Behavior
Team	General educator, special educator, reading specialist, Title I, school psychologist, etc.	General educator, special educator, behavior specialist, Title I, school psychologist, etc.
Universal screening	Curriculum based measurement	Systematic Screening for Behavior Disorders, records review, etc.
Progress monitoring	Curriculum based measurement	Office discipline referrals, behavior incidents, attendance, tardies, suspensions, detentions, academic performance
Effective interventions	Specific reading skills: phonemic awareness, phonics, fluency, vocabulary, comprehension	Direct social skills instruction, positive reinforcement, token economy, active supervision, behavioral contracting, group contingency management, function-based support, self-management
Decision making rules	Universal, targeted, intensive (Tier 1, Tier 2, Tier 3)	Universal, targeted, intensive (Tier 1, Tier 2, Tier 3)

School-Wide Positive Behavior Support (SWPBS)

Like RTI, School-wide Positive Behavior Support is a systems approach to establishing the social culture and behavioral supports needed for all students to achieve both social and academic success. Like RTI, SWPBS is not a packaged curriculum, but an approach that defines core elements that can be achieved through a selection of appropriate strategies. The core elements at each of the three tiers (universal, targeted, and intensive) are defined as follows (Sugai & Horner, 2007):

Prevention Tier	Core Elements
Universal (Tier 1)	• Universal screening • Behavioral expectations defined • Behavioral expectations taught • Reward system for appropriate behavior • Continuum of consequences for problem behavior • Continuous collection and use of data for decision-making
Targeted (Tier 2)	• Progress monitoring for at-risk students • System for increasing structure and predictability • System for increasing contingent adult feedback • System for linking academic and behavioral performance • System for increasing home/school communication • Collection and use of data for decision-making
Intensive (Tier 3)	• Functional Behavioral Assessment • Team-based comprehensive assessment • Linking of academic and behavior supports • Individualized intervention based on assessment information focusing on a) prevention of problem contexts, b) instruction on functionally equivalent skills, and instruction on desired performance skills, c) strategies for placing problem behavior on extinction, d) strategies for enhancing contingence reward of desired behavior, and e) use of mild negative or safety consequences if needed. • Collection and use of data for decision-making

The core elements of SWPBS are integrated within organizational systems in which teams, working with administrators and behavior specialists, provide training, policy support and organizational supports that are required for initial implementation active application and sustained use of all the core elements.

Preschool

RTI was originally designed for school-age children who were at risk for learning disabilities. The Recognition and Response (R&R) (Coleman, Buysse, Neitzel, 2009) system has been the emerging early childhood version of RTI focused on providing high-quality early childhood education, periodic screening, research-based interventions and progress monitoring for children who have signs of learning difficulties prior to kindergarten. Developing an early intervening system tailored to the unique needs of young children ages 3-5 has been shown by research to be instrumental in promoting early parent involvement, support for children's academic and social-emotional learning, and smooth transitions to kindergarten.

Preparing young children for future school success can start by recognizing strengths and early signs of difficulty with learning, providing appropriate activities and learning experiences, and giving information to the child's parents and future teachers. Quality educational experiences throughout the prekindergarten years are important to easing the transition to school for children and parents, whether the child is spending time with parents or a caregiver in the home, in a Head Start program, a public or private preschool, or a child care center. When a parent, care provider, or preschool teacher recognizes critical warning signs that a young child may not be learning in an expected manner, an RTI or R&R system can provide parents and teachers a way to respond to the child's learning difficulties before experiencing school failure or before referring the child for a formal assessment or placement in special education. Such a system can be instrumental in building an important link between early care and early school settings so that information about children and effective teaching practices can be shared between settings and among parents and professionals.

Like RTI for school-age children, an RTI system for children ages 3 to 5 promotes a hierarchy of increasingly intense interventions. Tier 1 focuses on the general early childhood instruction of a whole group of young children and whether modifications or additional supports are needed for learning. Tier 2 focuses on providing specific instructional practices for smaller groups of children that have been shown to be effective in addressing a particular learning problem augmented with embedded instruction during daily activities. Tier 3 focuses on providing a more intensive, individualized approach with specific children, often provided through special education services. Quality early childhood programs and inclusive early childhood special education programs can use a tiered model of instruction for a range of students, using models such as the Building Blocks model (Sandall, Schwartz, 2002). Currently, school districts are mandated under IDEA to locate all children, starting at age three, who may be suspected of a disability or developmental delay. If the child meets special education eligibility, direct special education services (Tier 3) are provided in the areas of learning impacted by the disability. If that program is a quality early childhood program,

that child may also be receiving Tier 1 and 2 instruction in other areas of learning that do not require specially designed instruction.

Early childhood and related services personnel from the school district can also work with parents or community program staff to help them apply research-based strategies for a child who may not have a disability but is at risk of a learning disability and needing Tier 1 or Tier 2 instruction before deciding to make a referral or not. The historical model for child identification and early childhood special education services for children 3-5 years old has been "early response" and has not followed the "wait to fail" scenario experienced by some elementary school students. Applying the RTI philosophy for prekindergarten-age children suggests that it would be beneficial for school district personnel to ensure that their programs for identified special education students provide tiered instruction, as well as work collaboratively with parents and community early childhood providers to develop a system that could support the early learning needs of at-risk children prior to entering kindergarten.

Funding Sources

Districts have the ability and responsibility to align resources to support their full RTI implementation. To support ongoing staff development and essential components, districts are encouraged to plan for the possible use of funds from the following sources: Title I, Title II, Title III, and IDEA. The cost for staff development can be shared among several federal programs. Districts have the flexibility to choose interventions, resources, and materials. Title II funds designated for professional development could be used to support continued training for fidelity of an RTI implementation. Title III funds may be used to support supplemental services for ELL students. IDEA Part B flow-through funds for professional development may be used to support implementation of the RTI plan as well. Districts can use up to 15 percent of special education funds to support implementation of the RTI plan in the development and implementation of scientific, research-based interventions for students in grades K-12 not identified as needing special education or related services but who need additional academic and behavioral support to succeed in the general education environment.

Frequently Asked Questions

How do we determine what interventions are necessary?
The type of interventions needed must be determined by looking at data collected in the classroom, which may include diagnostic assessment screeners. Examining formative assessment data gathered during Core Curriculum (Tier 1) and using checklists related to the delivery of instruction can rule out reasons for non-response to previously delivered prevention. Interventions should be selected based on the needs of students, be research-based, and delivered according to the guidelines in which the research was conducted.

Is there training for administrators to learn about the RTI process?
There are some excellent resources available for leaders who will be overseeing RTI implementation. The Idaho School Improvement Statewide System of Support technical assistance webinars organized around the *Nine Characteristics*

of High-performing Schools address effective school leadership that is essential for the RTI process. *See School Improvement Webinar Series, Effective School Leadership and Focus Development, 11/20/2008. http://idla.blackboard.com/webapps/portal/frameset.jsp?tab_id=_236_1*
The IRIS Center has an excellent module for leaders, *RTI: Considerations for School Leaders. http://www.iriscenter.com/rti_leaders/chalcycle.htm* In addition, watch for RTI presentations at administrator conferences and meetings around the state.

We seem to spin our wheels at meetings. How do we make the most of this collaboration time?
Specific staff development that addresses the best use of collaboration time is recommended. One place to start would be to review the School Improvement Webinar from December 18, 2008: *High Levels of Collaboration and Communication, http://idla.blackboard.com/webapps/portal/frameset.jsp?tab_id=_236_1*

Is RTI "mandated" by the state?
RTI is a recommended best practice but is not mandated by the state. Local Education Agencies (LEAs) are advised to have a process in place that addresses the needs of all students with increasingly intense intervention through a 3 Tier Model and allows for the appropriate data to be collected to inform instruction or refer to a special education placement for a suspected learning disability.

How do we get support for our ongoing questions and needs?
Schools and districts can request support by completing the RTI Tactical Support Request on the Idaho State Department of Education's RTI web site at *http://www.sde.idaho.gov/site/rti/*. We will respond by calling and/or emailing, and in some cases will be able to visit with you on site. While we are ramping up to provide RTI support in all areas of Idaho, staffing and funding challenges prevent us from providing intensive support to all schools and districts at the same time. State-sponsored professional development will be ongoing throughout the year, and resources can also be accessed via our web site.

How can we get RTI training without having to travel?
The State Department of Education is offering the RTI webinar series via IdahoLive in which topic modules will be presented throughout the year. They will then be archived on our web site for later viewing and reference. All webinars will be announced on the RTI's Idaho State Department of Education web site.

How can we get our paraprofessionals involved in RTI, as they often are working with small groups of students?
Paraprofessionals should be included in staff development on the RTI process as well as in any training on the curriculum that they will be delivering. Teachers should oversee instruction and observe their paraprofessionals to insure fidelity of instruction.

Why should we undertake RTI when we already have several other initiatives going on in our district?
Response from Ann Casey, Ph.D.: "RTI is a framework that could be used as an organizing tool for all of our work in education. The main intent of RTI is to ensure students receive targeted instruction early so all students can be successful. In RTI, we integrate measurement/data systems to focus instruction by using a problem solving process. These components are the framework. If student achievement (both academics and social behavior) is the main goal of schools, then most school initiatives should fit well into this framework. If they don't fit, then the question to ask is what is the intended outcome of those initiatives?" *(RtIActionNetwork.org)*

The current RTI literature focuses primarily on reading. How does RTI work with mathematics instruction?
Response from Amanda VanDerHeyden, Ph.D.: "Much of the writing and research on RTI has occurred in the area of reading, but RTI is not limited to reading. Rather, it is a science of decision making that can be applied to a variety of 'problem behaviors.' Much of the research that has come to be associated with RTI comes from work in curriculum-based assessment and measurement and the problem-solving model as first described by Deno (1985). Under that model, Deno described the potential for student academic performance data collected at baseline and at routine intervals to inform problem definition, solution development, and solution evaluation. Hence, some writers have described RTI as the application of the scientific method whereby hypotheses are developed about what is causing deficient academic performance and the hypothesis is tested via an intervention trial. If the intervention successfully changed the skill, then the hypothesis was confirmed; if not, the hypothesis was disconfirmed and a new hypothesis was developed. RTI has become a vehicle for system reform because it provides a database for making relative judgments (e.g., who needs help the most and how much help do they need) and distributing instructional resources to promote the greatest good for the greatest number of students. RTI, properly understood and used, is focused on improving student learning.

"In mathematics, a reform process similar to that that occurred in reading in the 1990s appears to be underway. Whereas math has been under-researched relative to reading, research findings are available to guide RTI application in mathematics. Specifically, research is available to guide the selection of adequate screening measures, selection of adequate progress monitoring measures, development of decision criteria, and the development of intervention protocols appropriate for use at all tiers of instruction." For more information, read RTI and Math Instruction. *http://www.rtinetwork.org/Learn/Why/ar/RTIandMath/1*

Glossary

Accommodation: Considerations that are given so that a student may access the general education curriculum. Accommodations do not change the content and are not considered interventions.

Adaptation: Considerations that are given so that a student may participate in the curriculum. Adaptions change the curriculum and invalidate test results.

Baseline data: Data that is collected before an intervention or program change begins.

Behavior Intervention Plan (BIP): A plan comprising practical and specific strategies designed to increase or reduce a definable behavior. These strategies address preventative techniques, teaching replacement behaviors, how to respond or resolve behavior, and crisis management, if necessary.

Curriculum: What is being taught. It is often thought of as a 'published program.'

Data-based decision-making: A system in which decisions about a student's learning needs are based on data, such as progress monitoring results.

Differentiated Instruction: An approach to teaching essential content in ways that address the varied learning needs of students with the goal of maximizing the possibilities of each learner.

Duration: How long something occurs over time.

Instruction: The method(s) used to deliver the content of a lesson or skill.

Effective Behavior & Instructional Support (EBIS): EBIS combines PBS (Positive Behavioral Support,) EIS (Effective Instructional Support) and RTI.

Fidelity: The extent to which the components are implemented as designed. Implementation guidelines provided by the publisher are explicitly followed.

Formative Assessment: Assessment that informs the teaching process and can tell a teacher that modifications need to be made to be more effective.

Frequency: How often something occurs.

Functional Behavior Assessment: An individual outline of what behavior is occurring, why it is occurring, when and where it occurs, what rewards the behavior to keep it from changing.

Instruction: How something is taught.

Intensity: The concentration or amount of something.

Positive Behavior Supports (PBS): Positive reinforcers, vs rewards or consequences provided to a child for specific instances of behavior that impedes learning or learning of others (or refraining from behavior) as appropriate for the purpose of allowing the student to meet his or her behavioral goals/benchmarks.

Screening: A type of assessment characterized by quick, low-cost, repeatable testing of critical skills or behaviors.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